REACHING OUT WITH UNIVERSAL PARENTAL SUPPORT

REACHING OUT WITH UNIVERSAL PARENTAL SUPPORT

Karin Thorslund

Doctoral Dissertation in Psychology
Department of Psychology
University of Gothenburg
May 24, 2019

Cover layout: Sofia Calderon
Photo: Luxstorm/ Pixabay
Printing: BrandFactory, Gothenburg, 2019
ISBN: 978-91-7833-431-5(PDF)
ISBN: 978-91-7833-430-8 (Print)
ISSN: 1101-718X Avhandling/Göteborgs universitet, Psykologiska inst.
Electronic version: http://hdl.handle.net/2077/59898

For Kalle. Always standing by my side.
Älskar inte jag dig då.

Abstract

Thorslund, Karin (2019). REACHING OUT WITH UNIVERSAL PARENTAL SUPPORT. Department of Psychology, University of Gothenburg, PO Box 500, SE-405 30 Gothenburg, Sweden.

The overarching aim of this thesis was to explore the general interest in universal parental support, the circumstances under which this interest is stronger, and how universal support groups for parents of adolescents could be developed according to those parents' perceived needs. **Study I** examined parents´ interest in municipal parental support. The results showed that mothers were more interested than fathers in all forms of parental support except a webpage, and that frequent use of the Internet as a source of parenting information was associated with high interest in parental support. **Study II** explored interest in existing and possible universal parental support in parents of adolescents compared with parents of younger children. About 82% of the parents of adolescents interviewed considered universal parental support most important during the child's adolescence. There was substantial interest, in most forms of support. Despite their interest, parents had limited awareness of available support. **Study III** explored the factors associated with interest in universal parental support and found it was linked to parents' own anxious mood, lower perceived parental capacity, perception of their child as having psychiatric problems, perception of their adolescents' openness about things, and perception of their adolescent's overall difficulties in daily life due to psychiatric symptoms. **Study IV** explored what kind of support parents of adolescents' request from universal parent support groups and what practical requirements would enable parents to participate. Parents could give each other emotional support and develop better parenting skills together. **Reaching out** with support universally requires that various information channels be utilized to reach out to all parents regardless of gender and social status, and various forms of support be offered. The Internet is an important but challenging information channel for reaching out to parents, especially fathers. Supports should be developed that are targeted to parents of adolescents, tailored to their needs, and well-advertised. Schools are important arenas for offering universal parental supports such as support groups moderated by trained professionals. Lighter support forms should be accompanied by more resource-demanding forms of support. to prevent increasing inequalities between parents with different social situations.

Keywords: Universal prevention, Promotion, Parenting, Parental support, Parental engagement, Adolescence, Adolescent mental health, Family services

Swedish summary

Barn och ungdomars psykiska hälsa påverkas av många faktorer som samspelar med varandra. På en individuell nivå påverkar biologiska faktorer, till exempel temperament och intelligens. Familjen och kvaliteten på relationen mellan barn och föräldrar, hur barnet har det med kompisar och i skolan gör stor skillnad för hur barnet utvecklas och för hur barnet mår. Om barnet växer upp i ett fattigt eller rikt område, i en relativt fattig eller rik familj har också betydelse. När föräldrar förmår erbjuda åldersadekvata tydliga krav och kärleksfull värme har det visat sig gagna barn och ungdomars utveckling och psykiska hälsa och skydda mot riskfaktorer. Det är dock inte så enkelt att föräldrarna formar sina barn. Barnets temperament, beteende och personlighet verkar spela en roll i vilket slags föräldraskap de inbjuder till. Det är till exempel lättare att vara en bra förälder till ett barn med ett lättsamt temperament. Barn och föräldrar formar varandra i ett samspel, där även resten av familjen ingår, och där omgivande faktorer som skola, föräldrarnas arbetsplats, grannarna, samspelar med hela eller delar av familjesystemet. Det är också lättare att vara en bra förälder om en har en ordnad ekonomi, ett arbete en trivs med, och barnet har en välfungerande skola. Tonårstiden, eller adolescensen som perioden kallas inom utvecklingspsykologi, innebär snabb biologisk, kognitiv och social utveckling. Detta är den mest intensiva utvecklingsperioden efter spädbarnstiden. Det påverkar ungdomens relationer, och därmed hela familjen. Dessutom sammanfaller ofta barnets tonårstid med föräldrarnas inträde i medelåldern, som också är en utvecklingsperiod. Alla dessa faktorer, och andra som inte nämnts, kan påverka barnets utveckling och psykiska hälsa. Föräldrarnas egen psykiska hälsa har visat sig hänga samman med barnets, så att föräldrars och barns psykiska hälsa påverkar varandra. En faktor som är föränderlig och möjlig att påverka är föräldraskapet. Att stötta föräldrar i deras föräldraskap kan ha positiva effekter för både barn och föräldrars hälsa.

Det viktigaste stödet för föräldrar kommer ofta från det egna sociala nätverket. I dagens industrialiserade samhälle flyttar dock många i samband med inträdet i vuxenlivet och det är inte självklart att en har tillgång till stöd från den egna ursprungsfamiljen eller gamla vänner. Sverige har antagit en nationell strategi för att erbjuda stöd i föräldraskapet till alla föräldrar till barn 0 – 18 år. Syftet är att gagna barn och ungdomars psykiska hälsa genom att stötta deras föräldrar. Stödet är riktat universellt, det vill säga till alla föräldrar, till skillnad från riktat stöd som erbjuds med anledning av identifierade problem eller riskfaktorer. Strategin omfattar flera former av stöd som t.ex. individuell rådgivning (samtalsstöd), föräldrastödsprogram (kurser för föräldrar om föräldraskap), en lokalt förankrad föräldratelefon, möjligheter att träffa andra föräldrar

(tex öppen förskola), föreläsningar och seminarier om föräldraskap, och information relevant för föräldrar som finns tillgänglig på kommunens websida. Det finns en lång tradition i Sverige av att erbjuda universellt stöd till föräldrar till yngre barn (tex genom MVC, BVC, öppen förskola), men det har inte funnits så mycket stöd till föräldrar till ungdomar.
När en åtgärd erbjuds till alla i, är den förväntade effekten hos var och en inte stor, eftersom de flesta inte har några större problem från början. Det är lättare att åstadkomma positiva skillnader om en åtgärd erbjuds bara till personer med stora problem, eftersom det då finns ett större utrymme för positiv förändring. För att det ska vara meningsfullt att erbjuda en insats universellt så måste tillräckligt många ta del av den, för om tillräckligt många får en liten positiv effekt så blir den totala effekten ändå stor. Nackdelen med att rikta insatser till de som har besvär är att de flesta som riskerar att utveckla allvarliga problem aldrig nås av insatsen. Därför är det viktigt att information om det stöd som erbjuds universellt når ut till alla som skulle kunna ha nytta av det. En utmaning med att erbjuda insatser på en universell nivå är att de flesta inte har problemet som skall förebyggas, eller har så lindriga besvär att de inte är motiverade att lägga tid på att delta i en insats. Syftet med denna avhandling var att undersöka intresset hos föräldrar för stöd i föräldraskapet, under vilka omständigheter intresset var större, hur stöd till föräldrar till tonåringar skulle kunna utvecklas för att motsvara deras upplevda behov, samt vad som behöver göras för att nå ut till alla föräldrar med stöd i föräldraskapet.
I **Studie I** undersöktes mammor och pappors intresse av kommunalt föräldrastöd, i relation till deras användning av internet som informationskälla i föräldraskapet. Resultaten visade att det fanns en skillnad i intresse av stöd i föräldraskapet. Mammor var mer intresserade av alla former av stöd, förutom en lokalt förankrad websida för föräldrar. Det var den stödform som genererade mest intresse. Det visade sig även att de föräldrar som oftare använde internet som informationskälla i föräldraskapet också var mer intresserade av alla former av föräldrastöd. Internet är en viktig kanal för att nå ut med information om stöd till föräldrar som är intresserade, framförallt till pappor.
I **Studie II** utforskades intresset för befintligt stöd i föräldraskapet, och vilka ytterligare önskemål som fanns, hos föräldrar till tonåringar (13-18 år) jämfört med föräldrar till yngre barn. Resultaten visade att 82 % av föräldrarna till tonåringar tycker att stöd i föräldraskapet är som allra viktigast under barnets tonårstid, och att de var lika angelägna om att få stöd i föräldraskapet som föräldrar till yngre barn. De var särskilt intresserade av individuell rådgivning, antingen per telefon eller genom att träffa någon, och de var intresserade av att få information om tonårsutveckling och möjligheter att träffa andra föräldrar och diskutera med dem. Det fanns ett glapp mellan föräldrarnas intresse av stöd och deras kännedom om vad som redan fanns tillgängligt. Till exempel var 59 % intresserade av en lokalt förankrad föräldratelefon, men bara 3 % av föräldrarna kände till att det fanns ett sådant nummer att ringa i deras kommun. Dessutom var 70 % av föräldrarna intresserade av en

lokalt förankrad websida, men bara 7 % kände till att den fanns. Även bland föräldrar till tonåringar var intresset större hos mammor än hos pappor, förutom när det gällde en föräldratelefon, vilket pappor var lika intresserade av. Resultaten synliggör att det finns en utmaning i att nå ut med information om befintligt föräldrastöd, och i att utveckla stöd till föräldrar till tonåringar som är anpassat efter deras behov.

I **Studie IV** utforskades med hjälp av fokusgruppsintervjuer vilket innehåll föräldrar till tonåringar ville diskutera i universellt riktade föräldrastödsgrupper, och vilka praktiska förutsättningar som skulle underlätta deltagande. Föräldrarna beskrev att de ville ha träffar med en grupp kontinuerligt och utspritt över tid, med början i tidiga högstadiet, och med möten utspridda över skolterminerna. De ville att skolan skulle hålla i grupperna, men att det skulle vara en professionell samtalsledare. Föräldrarna ville få en bättre förståelse för tonårsutveckling, och prata om de utmaningar som den kan medföra. De ville också få tillfälle att stötta varandra emotionellt och utveckla strategier tillsammans. Studien ger en djupare förståelse av hur stöd till föräldrar till tonåringar kan utformas och marknadsföras.

För att lyckas nå ut med universellt riktat stöd i föräldraskapet måste glappet mellan föräldrars intresse och deras kännedom om befintligt stöd överbryggas. Det finns ett starkt intresse för stöd hos föräldrar, både till yngre och äldre barn. Intresset för stöd minskar inte när barnet blir äldre, men många föräldrar till tonåringar frågar sig vart de ska vända sig för att få stöd. De är allra mest intresserade av samtalsstöd, men frågar också efter information i frågor som är relaterade till tonårsutveckling, och möjligheter att träffa andra föräldrar för att diskutera och dela erfarenheter. Internet är en viktig informationskanal för att nå ut till föräldrar, särskilt pappor. Det innebär en utmaning att skapa attraktiva websidor som står sig i konkurrensen med kommersiella websidor. För att fånga upp föräldrar bör kommunens websida innehålla information om barn och ungdomars hälsa och utveckling i kombination med information om befintligt stöd. För att nå ut till alla föräldrar, oberoende av kön och social status, bör flera informationskanaler användas, och flera former av stöd erbjudas. Stöd för föräldrar till tonåringar bör utformas utifrån deras upplevda behov, och medel måste avsättas för marknadsföring. Formuleringar kan med fördel rikta sig till föräldrar som känner sig ängsliga och oroar sig över sin tonårings psykiska hälsa och sin egen föräldraförmåga.

Skolan är en viktig arena för universellt stöd i föräldraskapet. Stödgrupperna som föräldrarna beskriver i Studie IV liknar egentligen mera seminarier, och skulle kunna integreras eller samordnas med föräldramöten som redan är en del av skolans rutiner, men ledas av en extern professionell eller personal från elevhälsoteamet. Möten skulle kunna anordnas i samband med att barnet börjar högstadiet och sedan följa terminerna, med ett fokus på tonårsutveckling och hur föräldrarna ömsesidigt kan stötta varandra känslomässigt, och hjälpas åt att utveckla strategier. Lättare stödformer som föreläsningar och seminarier bör dock kompletteras med mer resurskrävande stödformer som individuell

rådgivning (samtalsstöd) och ledarledda grupper, för att undvika att det universella stödet bidrar till att öka klyftorna mellan föräldrar med olika socioekonomiska förutsättningar.

List of publications

This thesis consists of a summary and the following four papers, which are referred to by their roman numerals:

I. Thorslund, K., Johansson Hanse, J., & Axberg, U. (2014). Universal parental support-How to reach out: a cross-sectional random sample of Swedish parents. BMC Public Health, 14(1064), 1-8. doi: 10.1186/1471-2458-14-1064

II. Thorslund, K., Johansson Hanse, J., & Axberg, U. (2017). Do parents of adolescents request the same universal parental support as parents of younger children? A random sample of Swedish parents. *Scandinavian Journal of Public Health, 45(5)*, 492-502. doi: 10.1177/1403494817705233

III. Thorslund, K., Alfredsson, E. K., & Axberg, U. (2018). Universal parental support for parents of adolescents: Who wants municipality-based parental support and in what form? Scandinavian Journal of Psychology, 60(1), 16-25. doi: 10.1111/sjop.12498

IV. Thorslund, K., Axberg, U., & Boström, P.K. Universal support groups for parents of adolescents – a thematic analysis of parents' requests in terms of content and form. Unpublished manuscript.

Contents

Figures and table

Acknowledgements

Research is a collaborative endeavor and I am most grateful to everyone who has supported me in direct and indirect ways to produce this thesis. First of all, I would like to express my gratitude to my supervisors Associate Professor Ulf Axberg and Professor Jan Johansson Hanse. Ulf, for taking seriously my interest in learning how to do research, inviting me to join a research project. You have been an important inspiration and role model in applying theory to family functioning and adolescence.

Jan, thank you for strict, systematic and rigorous thinking. You have been a steady rock in the oceans of facts and figures. The two of you have continued to challenge me to do my best, and today I am truly grateful.

My sincere thanks to Associate Professor Lene Lindberg for reviewing the manuscript of the thesis and making important comments and suggestions. Thank you Professor Linda Hassing, for being my examiner and for your encouraging words.

Thank you Petra Boström, valued co-author of my forth study, for your clear thinking, and rethinking. I have learned so much from working with you.

Thank you Daphne Sams, for refining my writings into Proper English.

Karin Grip, for lending me your design of the Bronfenbrenner model, and thank you Professor Arnold Sameroff, for letting me use your visual model.

Sofia Calderon, thank you for helping me design the cover of this thesis. You are a visual genious.

Elin Alfredsson has been my closest colleague working on a sister project. Thank you for invaluable discussions on work and life. I have relied on you for support in hard times and joy in good times.

Fanny Gyberg and Karin Boson – thank you for fantastic coffee breaks, inspiring conversations, and important friendship.

Thank you Anna Gartvall, beloved friend and colleague, for reminding me who I am outside Academia. You are gold!

Thank you Kalle, for knocking on my door with super service and for endless emotional support, and my children Blenda, Tilda and Charlie, for asking me brilliant questions and for helping me remember what is important in life.

Parents continue to play important roles in our lives also after we grow up. Thank you mom and dad, Kristina and Lasse Wallgren, for always believing that I can do anything I set my mind to. And thank you Ulla Thorslund, my mother-in-law, for always supporting me and my family in matters big and small.

Finally, I would like to thank all the parents who made this thesis possible by answering questions, and especially the parents who took the time to come to the focus group interviews. You impress me.

Karin Thorslund
Gothenburg, May 2019

Preface

This thesis is focused on the general interest in universal parental support, under which circumstances this interest is stronger, and how universal support groups for parents of adolescents could be developed according to their perceived needs.

Sweden, like many other westernized countries, is introducing a public health approach to parental support, with the goal of improving children's and adolescents' mental health through supporting their parents (Swedish Government Official Report [SOU], 2008). Universal support has been described as support available to everyone, unlike selected interventions, which are aimed at everyone exposed to a certain risk factor, or indicated interventions, aimed at specific people with difficulties (Muñoz, Mrazek, & Haggerty, 1996).

There is a long tradition in Sweden of offering universal support to parents of younger children. There seems to be interest in similar support among parents of adolescents (Bremberg & Statens, 2004), but such support has been scarce, and knowledge needs to be created about what forms of support parents of adolescents would require. Moreover, when interventions are offered on a universal level, only small effects can be expected (Offord, Kraemer, Kazdin, Jensen, & Harrington, 1998; Rose, 2001). For the total effect to reach a meaningful size, large numbers of people would have to benefit. Therefore, it is crucial to create knowledge about what forms of support would be attractive—especially to parents of adolescents who have previously not been offered parent support, how to tailor support according to their perceived needs, and how to reach out to the intended service recipients.

When the research project on which this thesis is based was initiated in 2010, related research had mostly been performed on the indicated and selected levels of parental support interventions. Since universal support was a new area when the studies for this thesis were planned, there was a research gap regarding the effects of universal interventions; therefore, in reviewing existing research, studies on indicated and selected levels were included. The thesis builds on a research project in which we followed the implementation of universal parental support in municipalities in Southwest Sweden. Three scientific papers reporting on the project are included. Study I examined mothers' and fathers' interest in municipal parental support in relation to their use of the Internet as a source of parenting information. Study II compared interest

among parents of adolescents in existing and possible universal parental supports compared with parents of younger children. Study III explored factors that might be linked to interest in parental support, such as sociodemographic differences, parental capacity, and parental and adolescent mental health. Study IV explored the content parents of adolescents wish to discuss and the kinds of support parents wish to obtain from participating in a universal parental support group. The study also explored what practical requirements would enable parent participation.

Introduction

This thesis begins with a description of the theoretical framework used to illustrate the contexts in which child and adolescent development and parenting take place and universal parental support is developed and implemented. The theories applied for this purpose are the bio-ecological model of development (Bronfenbrenner, 2005) and the transactional model (Sameroff, 2009). From these perspectives, factors influencing children's and adolescents' mental health are described and different approaches to parenting are introduced. The phenomenon of parental support and previous efforts to reach out are then described, followed by a summary of the studies and a discussion of the results.

The bio-ecological model

The bio-ecological model is used to illustrate how an individual child is part of a context where a multitude of factors on various levels can have positive or negative influences (Bronfenbrenner, 2005; Sameroff, 2009). The transactional model is added to emphasize that the child is not simply affected by surrounding factors, but interacts with the environment, and that relational effects between human beings are bidirectional (Sameroff, 2009). Universal parental support is implemented at different systemic levels and is intended to influence children positively through supporting their parents.

The bio-ecological model illustrates how children's bio-psycho-social development takes place in the interaction of different systems of environmental factors (Bronfenbrenner, 2005) referred to as micro-, meso-, exo-, and macrosystems depending on their distance from the child. Children interact with their surrounding levels, for example their parents, but the levels around the child also interact with each other, and some of those interactions will have consequences for the child (Bronfenbrenner, 1979). In the last version of Bronfenbrenner's ecological developmental theory, time (the chrono-system) was added as an interacting influence on the micro, meso, and macro levels (Bronfenbrenner, 2005). With this addition, the model approaches similarity with Sameroff's transactional developmental theory (Sameroff, 2009), which emphasizes the reciprocal transactions between the child and the surrounding systems over time. From this perspective, the individual's character traits are both

cause and effect the responses of parents, peers, and other significant people in the child's life (Sameroff, 2009).

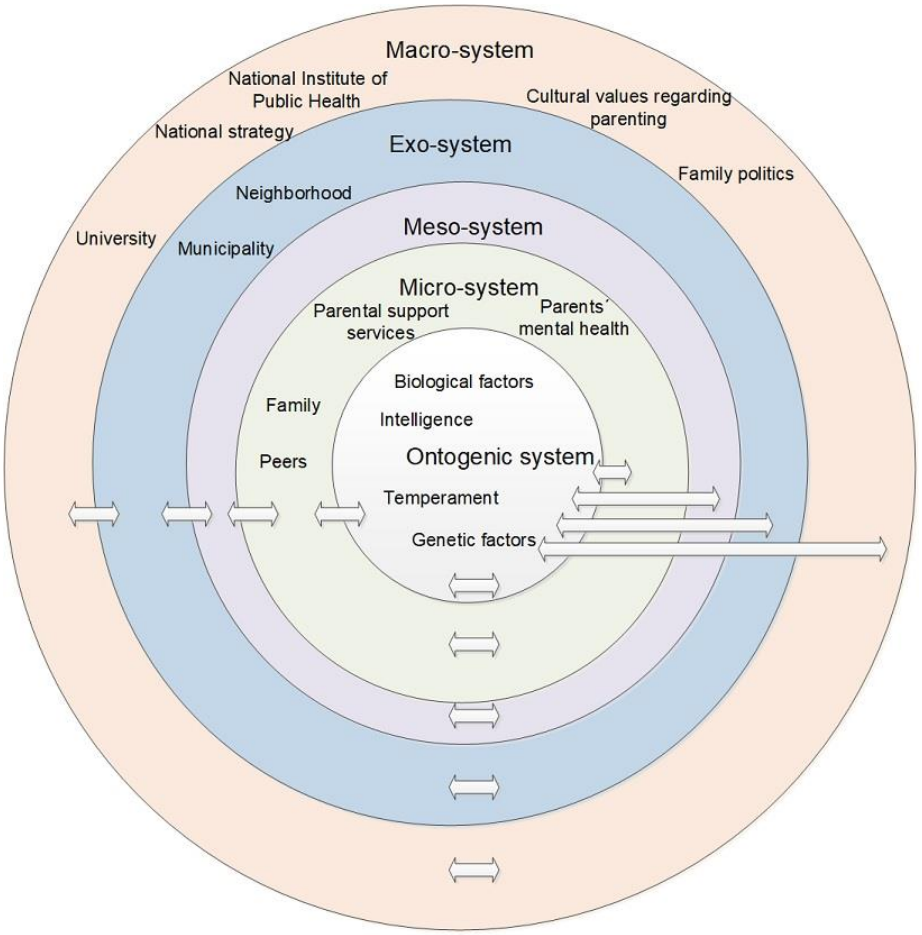


Figure 1.The bio-ecological model, modified with permission from Karin Grip (Grip, 2012).

The outmost layer of the bio-ecological model (Figure 1) is the *macro level*. We find here institutions such as the government and government offices, media, the laws and policies of the society, family politics, and other codified norms for relations between other levels and individuals, for example, children

and their parents. The implementation of universal parental support in Sweden can be said to have started on this level. The Swedish government conducted an inquiry that emphasized the complexity of parenting in modern society and stressed the need to provide universal parental support of various kinds (SOU, 2008). A national strategy for parental support was formulated with the aim of offering all parents the same opportunities for support and help in order to improve children's and adolescents' health by supporting their parents. The national strategy includes many different forms of support, from education in antenatal clinics during pregnancy to various initiatives for parents of older children. Examples include counseling, parent training groups, a parent phone line, opportunities to meet other parents, lectures and seminars about parenting, and valuable information for parents on the municipality webpage. Through the national strategy, the government advises the municipalities to develop and extend such universal support to serve all parents of children from 0 to 17 years of age (SOU, 2008). The former National Institute of Public Health was commissioned by the government to allocate funds to Swedish municipalities who wanted to develop their universal parental support in collaboration with a research institution.

On the *exo level* of the system are local municipalities housing the different micro-systems. The conditions for how well the home and the school function as development environments for the child are different in an affluent municipality, where economic resources are strong, compared to a poor neighborhood, where economic resources are scarce (McLoyd, 1998). An example of this is what services the municipality decides to offer parents in terms of support; for example, if there will be a counselor to talk to when worried about their child, or even choices between going to see a counselor, join a parents support group, call a parent phone line, or nothing at all. The municipality can add new forms of support and develop existing forms of support. Municipalities in Southwest Sweden formed constellations and applied for research grants in cooperation with the research team. This is seen as taking place on the *exo level* of the system. The studies are based on collaboration with two sets of municipality constellations.

In the center of the bio-ecological developmental model, we find the person/ child, with their innate and individual properties such as genetic and biological traits, temperament, intelligence and attachment style (*ontogenic level*). The individual encounters and interacts with different *micro-systems*; e.g. parents at home and mixing with peers at school. Relationships between the individual and parents, siblings, extended family, peers, preschool teachers, teachers, and other significant people take place on the *micro level* of the system. The micro-systems interact with each other, for example, when parents call other parents when a child spends the night at a friends' house, talk to the

child's teacher, or meet with a municipal counselor to talk about how best to support their anxious child. The interactions between micro-systems are seen as taking part on the *meso level* of the model. How well these interactions function will have consequences in the different micro-systems. As the child or adolescent grows, factors outside the family will have increasing importance in their development. The municipal support services available for parents would be one of the micro-systems surrounding the child.

An important implication of this model is that the levels with which the individual child does *not* interact with still have implications on their development through their influences on other systems in which the child is a part. Parents and children do not exist on isolated islands. The ability to parent well is heavily influenced by the surrounding social network and the living conditions in the community (Bronfenbrenner, 2005). It has been argued that parents in modern society often migrate to study or work (SOU, 2008) and therefore often lack the social support of their original family and friends. Therefore, the national strategy aims to offer various forms of support from which parents can choose freely according to their perceived needs. This is thought to potentially benefit both parents and the mental health of their children and adolescents (SOU, 2008).

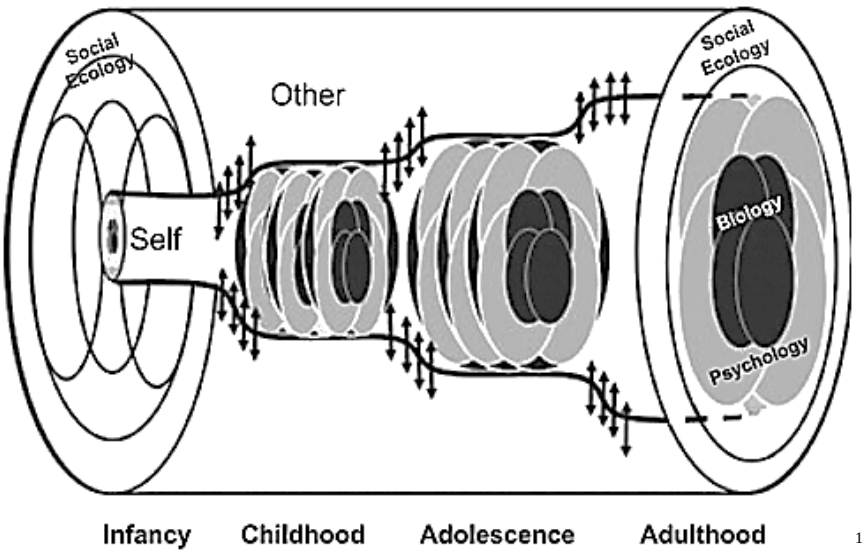
The transactional model

The transactional model (Figure 2) has been described as integrating systems theory with developmental stadium theory (Sameroff, 2014). General systems theory was developed in biology to understand, among other things, how cells can maintain their inner balance while interacting with the surrounding system (Bertalanffy, 1968). In developmental psychology, the same theory has been used to illustrate that development integrates and reorganizes previous properties and does not just add new ones (Sameroff, 2014). Stadium theory describes the progression of competencies as an the individual moves from the sensorimotor functioning of infancy to increasingly intricate levels of cognition, from early attachment with primary caregivers to relationships in different contexts in the larger world, and from the early differentiation of self and other to the multifaceted personal and cultural identities of adolescence and adulthood (Sameroff, 2014). Periods of functional stability are followed by transitions to structurally different periods of stability, during which the developmental changes allow the individual to do things not just better or to a greater extent, but also differently, because transitional change is qualitative as well as quantitative (Sameroff, 2014). These qualitative or structural reorganizations

of the individual are points of discontinuity where children can enter different trajectories for better or for worse (Sameroff, 2014).

The transactional model of development adds to the understanding of how the relation between the child and the environment (e.g., parents) operates developmentally over time (Sameroff, 2014). This model has some similarities with the bio-ecological model (Bronfenbrenner, 2005). The psychological domains overlap in such cognitive and emotional realms as intelligence, mental health, social competence and identity, and biological factors. Together the gray and black circles in Figure 2 comprise the ontogenic factors or biopsychological self-system in the bio-ecological model. This system transacts with the surrounding settings such as family, school, neighborhood, community, and political influences represented by the white circles (Sameroff, 2014) representing the micro-, meso-, exo-, and macro-systems in the bio-ecological model (Bronfenbrenner, 2005). The transactional model also adds features that illustrate personal change and individual development through constant transactions between the different systems, where each transaction creates a basis for the next. A child's development is a product of continuous dynamic interactions with, and experiences within, their social settings. The interdependent effects of these interactions are depicted by the bidirectional arrows between the self and other in Figure 2. This model helps us understand many of the continuities and discontinuities in development. Interactions are characterized by continuity, with a stable pattern of mutual dependence between one's own behaviors and those of others. Transactions occur when one changes their behavior such that there is a new pattern of interaction—a discontinuity that can move in a positive or negative direction. These changes can originate in the individual, as represented by the arrows pushing outward on the figure, or from the context, as represented by the arrows pushing inward, resulting in developmental change from both directions (Sameroff, 2014). The relation between shifts in the child and shifts in the context marks new stages. Such changes can be mundane, as when a small child begins to walk, or complicated, as when an older child passes through adolescence. Developing adolescents' desires for autonomy and intimacy can be challenging for their parents (Glatz & Buchanan, 2015), who may foster or thwart them thus moving the adolescent into better or worse functioning (Sameroff, 2014). Negative psychological changes associated with adolescent development often result from a mismatch between the needs of the developing adolescents' and the opportunities afforded them by their social environment. These transactions are opportunities for interventionists to aim for more positive outcomes (Sameroff, 2014). Parenting programs are more effective if they reach families when they are receptive to change, for example during a salient transition when developmental change is more intense, such as a when a child is born, transitioning to middle school

(6th or 7th grade when the child is 12 or 13 years old in Sweden), or when a problem first becomes apparent (Small, Cooney, & O'Connor, 2009).The quality of parenting a child receives will have implications for its future development, but the child's own character will also influence the quality of its parenting (Sroufe, 2005). Multilevel transactions also occur in which the parent and child transact not only with each other, but also with cultural practices (Sameroff, 2014). This can be placed on the macro-system level in the bio-ecological model shown in Figure 1. Together, the transactional and bio-ecological models help us visualize how biological, psychological, and social factors constantly interact with each other, and how in every moment every interaction is influenced by previous interactions (Sameroff, 2014). Therefore, a universal parental support tailored to parents' perceived needs may support their positive transactions with their children and thus indirectly support the positive development of children and adolescents.



[1]

Figure 2: Unified theory of development including the personal change, context, and regulation models (Sameroff, 2014) [1].

[1] Footnote: Reprinted with permission from Arnold Sameroff (2019).

The development of an individual and that individuals' mental health, including possible psychopathological symptoms, can be understood to be the result of multiple interacting factors. Some factors have a negative influence and contribute to the development of psychopathology (Sameroff, 2014). Others have a positive influence and can buffer possible psychopathology despite the presence of risk factors or enhance positive development. These are referred to as *resilience factors* or *promotive factors*. Both positive and negative factors have been demonstrated to have cumulative effects on development in children and adolescents (Sameroff, 2014). Resilience factors include both properties of the individual and external factors that contribute to positive development despite the presence of one or more risk factors (Luthar, Lyman, & Crossman, 2014). Promotive factors are agents that enhance positive development and well-being and benefit everyone (Sameroff, 2014). Interventions can be aimed to affect factors on various levels of the model and thus offered to different populations of recipients (Offord et al., 1998; Rose, 2001). Interventions offered personally to certain individuals or families because of a detected problem are *indicated* (Muñoz et al., 1996); those aimed at everyone in a population known be exposed to factors that elevate the risk of mental health problems are *selected* (Muñoz et al., 1996). *Universal* interventions are offered to everyone in a certain population, with no distinction between low- and high-risk groups and no problem or diagnosis required for access. The distinction between indicated, selected, and universal interventions is sometimes blurred, but selected and indicated interventions are commonly referred to as *targeted* as opposed to *universal* (Offord et al., 1998).

In the developmental psychopathology framework, psychopathology is considered a deviance from expected development severe enough to have negative consequences on continued development (Broberg, Almqvist, Risholm Mothander, & Tjus, 2015). The same problem can have different causal factors in different individuals (equifinality), and the same causal factor can contribute to different types of problems in different individuals (multifinality) (Sameroff, 2010). All this is very complex and therefore needs to be discussed on various levels.

Ontogenic system

Biological factors

The individual is at the center of the bio-ecological developmental model. We are all born different: some biological differences are genetic, others are a result of the environment, and others are the result of the interactions between genes and environment beginning in the womb (O'Connor, 2014). There are no simple causal links between one gene and a later disorder, but different gene profiles can carry more or less vulnerability or resilience to stressors (Broberg et al., 2015). Non-genetic biological risk factors include exposure to alcohol or drugs, mothers' elevated stress levels during pregnancy, or older parents. Premature or complicated birth can also lead to biological vulnerability, as can maltreatment during the first years of life (Broberg et al., 2015).

Temperament

Temperament is also considered a partly biological feature (Bates, Schermerhorn, & Petersen, 2014). Temperament refers to individual differences in negative and positive reactivity of the nervous system and higher order cognitive self-regulation (Bates et al., 2014). Temperamental traits are based on biological structures and processes, but they develop in interaction with the environment (Bates et al., 2014). They can contribute directly and indirectly to various forms of psychopathology, but they can also buffer against developing psychopathology. For example, shy children with strong fear run very little risk of developing externalized behavior later in life (Broberg et al., 2015). Temperament is only one component in the dynamic transactions between the child and environment. It influences, perhaps as much as the situation itself, the probabilities of an individual's particular response to that situation. Over many encounters, day by day, the child–environment system organizes itself (Bates et al., 2014). Children and adolescents are different as individuals, and they pose different demands on their parents. Studies show that temperament interacts with the major dimensions of parenting environment (warmth and control, both effective and harsh) and with other qualities of the environments (Bates et al., 2014). This means that it is easier to be a good parent to a child with an easy temperament and high sociability than to a child with an inhibited temperament and strong reactivity (Bates et al., 2014). Parents shape their children, but children also elicit responses from their caregivers. Research shows that the quality of the parent–child relationship matters more for temperamentally

difficult children than for "easy" ones. Difficult children with high-quality parenting have been shown to have slightly better outcomes than easy children with high-quality parenting (Bates et al., 2014).

Intelligence

Intelligence is the most commonly mentioned personal asset in promoting resilient adaptation in the face of adversity (Luthar et al., 2014). Studies on diverse risk groups show that people with high IQs tend to fare better than others, probably due to their superior problem-solving skills and their history of success (Luthar et al., 2014). However, although high IQ probably continues to have a protective effect into adolescence, with increasing age the evidence is not unequivocal; low-income but intelligent youth might be more sensitive than others to negative environmental forces (Luthar et al., 2014).

Micro- and meso-systems

Family

The family and the quality of the parent–adolescent relationship are the most important parts of the growing individual's micro-system (Resnick et al., 1997; Sroufe, 2005). This is the level to which universal parental support is aimed (SOU, 2008). Supportive relationships with parents, peers, and significant others are essential to positive development in adolescence. But adolescents' perceptions of their parents' involvement, their relationship with their parents, and their family functioning have a far greater impact on their life satisfaction than other stressful life circumstances (Suldo & Huebner, 2004).The more time spent with their families, the better an adolescent's adjustment and academic achievement (Dubas & Gerris, 2002). Family conflict is reduced with more time together, which benefits all family members (Dubas & Gerris, 2002). The frequency with which families have dinner together has also been shown to enhance parent–adolescent communications and promote adolescent development (Fulkerson et al., 2010).

Attachment relationship to caregiver

The quality of attachment to the caregiver has implications for practically all aspects of an individual's development, from infancy through adolescence and into early adulthood (Sroufe, 2005). Attachment theory, originally formulated by John Bowlby, describes how individuals balance their needs for intimacy, protection, and care with their growing needs for independence and exploration (Broberg, 2006). The task of the caregiver is to serve as a secure base for exploration, a haven of safety, and a source of reassurance for a distressed child (Sroufe, 2005). A child with a caregiver who is repeatedly responsive to its needs for support and can expect that caregiver to be available and comforting when needed and develop a secure attachment(Fearon, Bakermans-Kranenburg, Van Ijzendoorn, Lapsley, & Roisman, 2010). In contrast, a child whose calls for proximity have been discouraged, rejected, or responded to inconsistently may develop a more insecure attachment relationship to the caregiver (Fearon et al., 2010). Within the parent–child relationship, children are assumed to develop either adaptive or maladaptive strategies to regulate their emotions, and these strategies may be either protective or risk factors for later psychopathology (Groh, Roisman, Van Ijzendoorn, Bakermans-Kranenburg, & Fearon, 2012). During adolescence, an important task for the parent is to support the child's emerging autonomy (Sroufe, 2005).

Young people with a secure attachment relationship to the caregiver manifest fewer symptoms of internalized and externalized disorders and substance abuse (Allen, Porter, McFarland, McElhaney, & Marsh, 2007). An insecure attachment relationship to the caregiver has been linked to the development of both internalized and externalized symptoms (Fearon et al., 2010; Groh et al., 2014; Groh et al., 2012).

The quality of the attachment relationship is the result of accumulated experiences over time and current experiences. If the caregivers change their style of parenting, over time the new experiences may change the quality of the child's or adolescent's attachment to the parent (Sroufe, 2005). Parents who enhance their sensitivity and responsiveness to their child can shift the quality of the relationship toward a more secure one (Giannotta, Ortega, & Stattin, 2013; Moretti & Obsuth, 2009).

Peers

Peers are an important part of the context on the micro-level. Children's and adolescents' relationships with peers often contribute to typical or atypical developmental trajectories (Luthar et al., 2014). Positive relationships with

peers can serve important functions for at-risk youth. Having a friendship, particularly one characterized by high levels of positive qualities such as support, buffers against various types of risk factors or stressors on all levels of the bioecological model, such as behavioral or genetic risk factors, negative peer and family experiences, negative life events, chronic illness, and exposure to violence and/or disaster (Luthar et al., 2014). One of the most negative effects of peer relations is victimization by peers (Martin & Huebner, 2007), which has negative effects on mental health in children and adolescents (Gini & Pozzoli, 2009). Technological developments and social media have opened the door to the new phenomenon of cyber victimization, which can take the form of degrading comments or messages or the sharing of degrading pictures or video clips on social media (Berne, Frisén, & Kling, 2014). This form of victimization is especially cruel in that it can go on day and night and is seemingly inescapable. Children and adolescents affected by cyber victimization risk developing a negative body image, depression, and psychosomatic symptoms (Berne et al., 2014). Prosocial acts from peers, however, can operate as a protective factor for adolescents' emotional well-being and have been associated with increased life satisfaction and positive affect in those influenced by victimization (Martin & Huebner, 2007).

How much influence parents really have on their children has long been a subject of discussion. In 1998, Harris published a book that had widespread influence among both lay people and academics, arguing that parents had very little influence on their children, ascribing most influence to heredity and peer groups (Harris, 1998). However, other research shows that peer influence has a stronger influence on daily behaviors and transient attitudes, while the influence of parents is deeper and more enduring (Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000). Similarities with peers, however, are more likely due to the active selection by adolescents of friends who are similar to them (Collins et al., 2000), which seems to depend on the climate in the family of origin (Collins et al., 2000). When peer influence is detected, it does not take the form of negative pressure, but rather a striving to emulate admired others (Adams & Laursen, 2001; DeLay, Laursen, Kiuru, Salmela-Aro, & Nurmi, 2013; Logis, Rodkin, Gest, & Ahn, 2013). Numerous studies have indicated the importance of not only the parent–child relationship (Maccoby, 2000; Seiffge-Krenke, Overbeek, & Vermulst, 2010), but also that between parent and adolescent (DeVore & Ginsburg, 2005; Dubas & Gerris, 2002; Hair, Moore, Garrett, Ling, & Cleveland, 2008).

Neighborhood

Neighborhood characteristics are important factors contributing on the micro level to child and adolescent mental health and development (McLoyd, 1998). Living in a poor neighborhood has been shown to better predict academic achievement (time spent on homework, math and reading test scores, and dropping out of school) than the family's actual socio-economic status (SES, a combination of income and education; Ainsworth, 2002; Crowder & South, 2003) and more significantly associated with internalizing symptoms in adolescents (including depression and suicidal thoughts and attempts), than individual and family characteristics (Dupéré, Leventhal, & Lacourse, 2009). Such internalizing symptoms persisted into early adulthood (Wheaton & Clarke, 2003). Poor neighborhoods have been shown to increase harsh parenting (Fauth, Leventhal, & Brooks-Gunn, 2007), which hinders a child's positive development (Campbell, 2002; Farrington, 2005; Parent et al., 2011). Warm and responsive parenting, however, can buffer environmental risk factors such as crime and poverty (McLoyd, 1998), as can positive aspects of the neighborhood. Particularly important in this respect are processes of social organization in the neighborhood that involve features such as high levels of cohesion, a sense of belonging to the community, the supervision of youth by community adults, and high participation in local organizations (Luthar et al., 2014).

Parental mental health

The association between parental mental health and mental health in children is well-established (Wilkinson, Harris, Kelvin, Dubicka, & Goodyer, 2013). Several factors can interfere with the ability of the parents to offer adequate parenting. Parents' mental health problems and substance use are serious risk factors because they negatively affect child–parent interactions, the parent role, and the child's social life. A Swedish report shows that high alcohol consumption is common in adults aged 20 to 49 years (Rahmstedt, Sundin, Landberg, & Raninen, 2014), with more than half the men (55%) and a third of women (35%) reporting they consumed at least one bottle of wine on one occasion at least once a month. Violence in the family is another very serious risk factor for children's mental health (Sameroff & Rosenblum, 2006). Parental anxiety and depression are characterized by less than optimal parenting behaviors, including hostility, rejection, and neglect (Epkins & Harper, 2016). Growing up with a parent with an anxiety disorder is associated with several risk factors, of which anxiety-enhancing parenting is only one (Ginsburg, Grover,

& Ialongo, 2005). Anxious parents have been shown to have an increased tendency to over-control their children and grant them less autonomy than other parents. It has been suggested that since a perceived lack of control is a core feature of anxiety disorders, this may lead the anxious parent, in an effort to reduce their own anxiety, to exert excessive control in their parenting (Crosby Budinger, Drazdowski, & Ginsburg, 2013). Logically, it follows that granting children autonomy, allowing them to make decisions and have control in certain areas, may be difficult for anxious parents and increase their own anxiety (Crosby Budinger et al., 2013). Parents' expressions of strong emotions (e.g., harsh criticism, angry comments, and overprotection) which may be due to anxiety have a negative impact on children's and adolescents' self-image and mental health (Wedig & Nock, 2007).

Parenting models

Parenting dimensions

Since the first empirical efforts to understand the parent–child relationship, researchers have attempted to create theoretical parenting frameworks to organize and describe the variety of behaviors parents engage in with their children. The frameworks have included a limited number of aspects intended to capture the essence of how parents interact with their children. These aspects have been named and measured in various ways, but almost invariably invoke two fundamental components of parenting: (a) a supportive component, defined by affective, nurturing, or companionate types of parental behavior, and (b) a controlling component, defined by regulating, disciplinary behaviors, which are sometimes organized by whether the regulation is exercised with sensitivity or responsiveness to the self or autonomy of the child being controlled (Barber, Stolz, Olsen, Collins, & Burchinal, 2005). Intrusive, coercive, or disrespectful parental behaviors are defined as *psychological control*, and parental monitoring or knowledge of child's whereabouts and activities as *behavioral control*.

Studies of the unique effect of each of the dimensions of *support, psychological control,* and *behavioral control* have shown that perceived support from their parents was the dimension most generally relevant to adolescents' psychosocial functioning. Support from parents has been linked to social initiative and lower levels of depression in the child and lower levels of parental depression (Barber, Stolz, & Olsen, 2005; Barber, Xia, Olsen, McNeely, & Bose, 2012). The salience of perceived parental support to adolescent well-being was also firmly validated in interviews with adolescents, who consistently reported connection with their parents as extremely important to them.

Parental psychological control was predictive of depression and antisocial behavior (Barber et al., 2005; Barber et al., 2012), while behavior control was found to be uniquely predictive (negatively) of adolescents' antisocial behavior. This relation was stronger for mothers' behavioral control than for fathers, which the researchers suggested could be attributed to the mothers' greater knowledge of their children's lives. While always related to antisocial behavior, parental control was strongest in the middle years of adolescence, during puberty and transitions to new schools. The unique effects of the different dimensions of parental support or control have been demonstrated across nations and ethnic groups and over time. Studies also indicated that changes in parenting could lead to changes in adolescent functioning (Barber et al., 2005).

Parenting styles

Baumrind (1996) describes *parenting styles* through two dimensions: *responsiveness* and *demandingness*. Responsiveness is the extent to which parents respond to the child's needs in an accepting, supportive manner. Demandingness is the degree to which parents demand and expect mature, responsible behavior from the child (Baumrind, 2005).

On the responsive end of the continuum, the parent provides emotional support, warmth, and actions that intentionally foster individuality and acquiesce to the child's needs and demands (Baumrind, Larzelere, & Owens, 2010) Responsiveness includes warmth, reciprocity, clear communication, person-centered discourse, and attachment (Baumrind, 1996). The responsive parent expresses love for the child through affective warmth, empathy, and reciprocity or processes of synchrony or attunement in interactions with the child. Clear communication in which the parent uses reason rather than merely asserts role-based authority is also a part of reciprocity. The opposite of responsiveness is emotional neglect, lack of attention, or even outright rejection (Baumrind, 1996).

Demandingness includes direct confrontations, monitoring, and consistent, contingent discipline (Baumrind, 1996). Demanding parents expect their children to become integrated into the family and community through the imposition of maturity expectations, supervision, disciplinary actions, and confrontations with a disputative child. They supervise and monitor their children's activities and openly confront rather than manipulate the child. Confrontative parents are not afraid to take a stand even if this provokes a conflict (Baumrind, 1996). The effects of parents' assertion of power are moderated, however, by whether they reinforce strict but developmentally appropriate standards or employ coercive and intrusive parental strategies. (Baumrind et al., 2010). Parents

vary on each of these dimensions, which have been shown to be independent of each other and therefore can be used as two independent axes in a system of four typologies of naturally occurring parenting patterns (Baumrind, 2005). The *authoritative* parenting style combines responsiveness and demandingness. Parents are warm and empathetic, but also set age-appropriate norms for the child's behavior and monitor their activities. They are assertive, but not intrusive or restrictive. Disciplinary methods are supportive rather than punitive and rely on discussion and explanation (Baumrind, 1991). Authoritative parents strive to raise a child who is self-reliant and has a strong sense of initiative. *Authoritarian* parents, on the other hand, are demanding and directive, but not responsive. They are obedience- and status-oriented, and they expect their orders to be obeyed without explanation. They provide an orderly environment and a clear set of regulations, and they monitor their children's activities carefully (Baumrind, 1991). They tend to favor punitive, forceful, and intrusive means of discipline, and they value obedience (Baumrind et al., 2010). *Indulgent* parents are more responsive than they are demanding. They are accepting, benign, and passive in matters of discipline (Baumrind, 1991). Indulgent parents often believe that control is an infringement on children's freedom that may interfere with their healthy development. They allow immature behavior and considerable self-regulation, and avoid they confrontation with their child (Baumrind, 1991). *Indifferen*t parents are neither demanding nor responsive. They try to minimize the time they need to interact with the child. They do not structure, monitor, or support their child's activities, wishes, or feelings, and may reject or neglect their childrearing responsibilities altogether (Baumrind, 1991). Indifferent parents do not keep track of their child's whereabouts, do not take an interest in their child's experiences, and do not consider their child's opinion when making decisions.

A significant body of research has shown that an authoritative parenting style is the most beneficial for both children and adolescents (Baumrind et al., 2010; Steinberg, 2001). Prior to adolescence, children from authoritative homes have consistently been found to be more instrumentally (agentically, communally, and cognitively) competent than other children (Baumrind, 1991). Adolescents with authoritative parents have been found to be more responsible, self-assured, creative, intellectually curious, socially skilled, and academically successful than others (Collins & Steinberg, 2006). A longitudinal study showed that children of parents with an authoritative parental style were more competent and well-adjusted as adolescents 10 years later than children with authoritarian or permissive parents (Baumrind et al., 2010). Adolescents with authoritarian parents have been found to be more dependent, more passive, less socially adept, less self-assured, and less intellectually curious. Adolescents from indulgent households are less mature, less responsible, and more

easily led by their peers. Adolescents from indifferent homes are often more impulsive and more likely to be involved in delinquent behavior and substance use (Collins & Steinberg, 2006). The links between authoritative parenting and healthy adolescent development have been demonstrated in several studies performed in different parts of the world, across ethnicities, social classes, and family structures (Adalbjarnardottir & Hafsteinsson, 2001; Dmitrieva, Chen, Greenberger, & Gil-Rivas, 2004; Simons & Conger, 2007). Furthermore, there is firm evidence that indifferent, neglectful, hostile, or abusive parenting has harmful effects on adolescent development and contribute to depression and a variety of problem behaviors (Buehler, Benson, & Gerard, 2006; Coley, Medeiros, & Schindler, 2008). Psychological abuse, in the form of excessive criticism, rejection, and emotional harshness, most typical in authoritarian households, has the most detrimental effects on children's development (Dube et al., 2003; Haj-Yahia, Musleh, & Haj-Yahia, 2002). Although it is generally good for parents to agree on how they raise their children, studies show that it is better to have at least one authoritative parent than two consistent but non-authoritative parents (McKinney & Renk, 2008; Simons & Conger, 2007). Parents with less optimal parenting behaviors who change their parenting styles in in a more authoritative direction can change and improve their child's developmental trajectory (Chu, Bullen, Farruggia, Dittman, & Sanders, 2015; Henricson & Roker, 2000; Pinquart, 2017).

Authoritative parenting

There are several arguments for why authoritative parenting works best. One is that authoritarian parents provide nurturance and parental involvement that make the child more receptive to parental influence (Steinberg, 2001). Another is that authoritative parents have been found to provide an appropriate balance between restrictive rules and the child's autonomy (Steinberg, 2001). The growing adolescent is gradually offered more independence, balanced with age-appropriate limits and restrictions to keep the young one safe. This encourages the development of self-regulatory skills, which enable the child to function as a responsible, competent individual. Another crucial feature of authoritative parenting is the parents' willingness to engage their children in thoughtful and respectful discussions. Such verbal give-and-take promotes the sort of intellectual development that contributes to the child's psychosocial maturity and enhanced functioning outside the family (Steinberg, 2001). Finally, adolescents are more likely to be open to their parents and to disclose more information about themselves if parents adopt an authoritarian parental style and the parent–child relationship is one of trust (Brown & Bakken, 2011).

Parents' knowledge acquired through the adolescent's voluntary disclosure is strongly connected to fewer adolescent depressive symptoms (Hamza & Willoughby, 2011) and better adjustment and well-being (Brown & Bakken, 2011). Adolescent disclosure, accompanied by parental control, has been shown to predict fewer adolescent depressive symptoms indirectly through parental knowledge of their children's circumstances. Conversely, more adolescent depressive symptoms have been shown to predict lower parental knowledge and adolescent disclosure (Hamza & Willoughby, 2011). A reciprocal pattern has been described in which the adolescents' openness with their parents enhances parents' knowledge about the adolescents' affairs, prompting questions from the parent that usually result in increased disclosure (Kapetanovic, Skoog, Bohlin, & Gerdner, 2018; Keijsers, Branje, Vandervalk, & Meeus, 2010). On the other hand, when parents react negatively to an adolescent's disclosure; this will lead to less openness from the adolescent in the future (Tilton-Weaver et al., 2010).

Although authoritative parenting has been linked to positive adjustment in children and adolescents (DeVore & Ginsburg, 2005), one has to be careful not to assume this is a simple cause and effect relationship. The developmental process of children and adolescents is transactional rather than linear (Sameroff & Mackenzie, 2003). The child's temperament, behavior, and personality may play a role in shaping parenting practices (Albrecht, Galambos, & Jansson, 2007; Denissen, Van Aken, & Dubas, 2009). Children with an easy temperament may elicit more warmth, flexible guidance, and verbal give-and-take from their parents, and children who are more irritable, aggressive, or dependent may elicit more harsh, passive, or distant parental behavior (Huh, Tristan, Wade, & Stice, 2006; Lengua, 2006). The individual continually interacts with their context, and the behavior of the child seems to affect the parenting style as well as the other way around (Sameroff & Mackenzie, 2003). In fact, for adolescents this effect may even be stronger (Kerr, Stattin, & Ozdemir, 2012). There is a risk that parents with an authoritative parenting style will resort to a negative style if the adolescent develops problematic behavior (Kerr et al., 2012). It is also possible that the connection between adolescent competence and authoritative parenting is the result of reciprocal cycles that can spin in both directions (Burke, Pardini, & Loeber, 2008; Dishion, Nelson, & Bullock, 2004). Universal support for parents of adolescents is intended to support them in developing or maintaining a parenting style that enhances positive development and protects against negative development (SOU, 2008).

Parenting adolescents

Parenting a child through adolescence is an important challenge. The quality of the relationship between adolescents and their parent(s) is the single most consistent predictor of adolescent mental health (Resnick et al., 1997; Sroufe, 2005). Adolescence is one of the most transformative developmental periods in the life cycle, characterized by rapid biological, cognitive, and social changes (Glatz & Buchanan, 2015). There is no other phase in life, except the infant stage, where development is so intense. This leaves room for both positive growth and psychopathological development. But it is not only the individual child that changes during the adolescent years. The whole family changes, as does its relationship to other social institutions and its functions (Steinberg, 2001). In addition, this developmental period frequently coincides with the parents' own stressful midlife period and developmental changes that may interfere with their parenting capacity (Lachman, 2004). Together, the ecological developmental model and the transactional model also provide a framework for understanding of the development of the family during this phase in the family's life cycle (Bronfenbrenner, 2005; Sameroff, 2014).

Drama and conflict?

The idea of adolescence as a period of drama and conflict in the family is a long-lived myth reflected in popular culture. The idea was first presented by G. Stanley Hall who published the first comprehensive book on adolescence in 1904 (Steinberg & Morris, 2001). He believed that adolescence was inevitably a period of "storm and stress." attributable to the hormonal changes of puberty, which cause upheaval for both the adolescent and the people around them. Research, however, does not verify this picture. Most families get along as well as usual during the child's adolescent period (Henricson & Roker, 2000), and conflicts are not limited to this time. Parents also have conflicts with their children when they are younger, after they pass through adolescence, and after they become adults, and research has not been able to verify that conflicts or relational difficulties are more frequent during adolescence (Steinberg, 2001). Most research shows that most parents and adolescents who have relational problems also had these problems when the children were younger. Only a very small proportion of parents who enjoy positive relations with their children can expect them to develop serious problems during adolescence. Generally, there is very little emotional distance between adolescents and their parents, and most adolescents feel close to their parents, respect their judgment,

feel that their parents love and care for them, and greatly respect their parents as individuals (Steinberg, 2001).

Although the great drama of the adolescent period seems to be a myth, everyday minor squabbles about mundane things seem to be common and to increase during this developmental period. Clothing, cleanliness of the room, and leisure time activities have been shown to be major sources of disagreements in families with adolescents (Steinberg & Morris, 2001). The topics of disagreement are similar across ethnic groups and cultures. One reason that parents and adolescent argue over such mundane matters is that adolescents and their parents define such issues very differently (Smetana & Daddis, 2002). Parents tend to define many issues as strictly right or wrong according to a moral code or to custom and convention. Adolescents, on the other hand, tend to define the same issues as matters of personal choice. Another myth, that adolescents rebel against their parents purely for the sake of rebelling, has also been debunked (Darling, Cumsille, & Loreto Martínez, 2007). Most adolescents are willing to accept their parents' rules when they agree the issue involves morality or safety, but they are less inclined to comply with their parents' authority when the issue, in their view, is one of personal preference (Smetana & Daddis, 2002). So, rather than simply and automatically resisting authority, adolescents draw a distinction between rules they think their parents have the right to impose and rules they think are unreasonable impositions. Consequently, adolescents who think their parents have legitimate authority also have fewer behavior problems (Cumsille, Darling, Flaherty, & Martinez, 2009).

One reason everyday conflicts tend to increase during early adolescence is that the growing adolescent redefines more and more issues that they previously saw as legitimate areas for parental regulation as matters of personal choice (Smetana & Daddis, 2002). When adolescents experience their parents trying to control what they perceive as matters of personal choice, they are more inclined to describe their parents as overly controlling. Feeling psychologically controlled in this way has a negative impact on adolescent mental health, whereas feeling that their parents legitimately want to know where they go and what they do has a positive impact on mental health (Smetana & Daddis, 2002). The core issue seems to be who has the authority and the right to make decisions about each matter, and as children grow and develop their cognitive skills and reasoning, their perception of family rules and regulations also change.

Development of autonomy

Developing emotional individuation is a long process, beginning early in adolescence and continuing into late adolescence (Steinberg, 2014). The developmental task of individuation is to leave behind childish dependency on the parents and develop a more mature, more responsible, and less dependent relationship. This process typically begins in early adolescence with the de-idealization of the parents as, for example, adolescents start to develop their own opinions. Emotional autonomy has different phases; de-idealization seems to develop early, while the ability to see parents as individuals in their own right seems to develop later. It important to distinguish between separating gradually from parents in a way that maintains closeness in the relationship and breaking away in a way that involves alienation, conflict, and hostility. The old view that adolescents need to "cut the cord" to their parents to grow up healthily is contradicted by studies showing that adolescents who become emotionally autonomous, but who still feel close and attached to their parents, are psychologically healthier than peers who are emotionally autonomous and distant and detached from their parents (Mahoney, Schweder, & Stattin, 2002; Steinberg, 2014). Higher levels of individuation and family cohesion have also been linked to lower levels of alcohol use (Bray, Adams, Getz, & Baer, 2001).

Puberty

Puberty contributes to internalizing psychopathology for both sexes, but more so for girls (Rudolph, 2014). Research shows that the timing and perceived timing of puberty contributes both to internalized symptoms and sex differences in such symptoms. Early maturation seems to contribute to increased risk for both boys and girls, who develop higher levels of aggressive, antisocial, riskier, and more norm-breaking behaviors such as substance use and earlier and more frequent sexual activity. One explanation for this may be that both boys and girls who mature early are less closely supervised by adults and tend to spend more time in settings where delinquent behavior is more likely to occur (Rudolph, 2014).

Midlife

As children transition through adolescence, their parents typically pass through midlife. From a lifespan perspective, changes in the middle years represent both gains and losses (Baltes, 1987). As with the storm and stress stereotype of adolescence, the "midlife crisis" has also been shown to be a myth. There seems not to be any specific crisis period, but there are developmental changes and developmental tasks that may challenge parents (Lachman, 2004). Before midlife, individuals tend to measure time in terms of how long they have lived; after midlife, they start to think more in terms of how much longer they have to live (Lang & Carstensen, 2002). Parents at this time can usually estimate how successful they are likely to be and may need to reconcile the gap between their dreams and aspirations and their actual achievements (Lachman, 2004). Developmental tasks associated with this period of life may include reaching or renegotiating career goals, experiencing menopause, launching children, or caring for elderly parents (Lachman, 2004). Middle-aged adults are often involved in relationships in multiple domains of life, often with conflicting interests, such as work, social arenas, and family life. In later stages of life, it may become possible to select positive relationships that offer emotional support, but during midlife it is often necessary to deal with the demanding boss, the annoying in-laws, the ailing parents, and the blossoming adolescent all at the same time. However, the period of midlife also brings possibilities for intellectual contribution and satisfaction given the position of middle-aged people in the family, workplace, and society (Lachman, 2004).

The family's adjustment to the period of adolescence may affect the parents' mental health more than the adolescents' (Steinberg & Steinberg, 1994). The majority, almost two thirds, of parents describe adolescence as the most difficult stage of parenting (Pasley & Gecas, 1984). Marital satisfaction (satisfaction with relationship with spouse) and parental satisfaction (satisfaction with relationship with adolescent) seem to have a reciprocal relation (Downing-Matibag, 2009), and both marital and parental relationships have been shown to influence parents' physical and mental health during midlife (Wickrama et al., 2001). The association between parent's and children's mental health is well-established (Ramchandani & Psychogiou, 2009). Parents' mental health affects the way they interact with their adolescents, which in turn affects the adolescent (Yap, Schwartz, Byrne, Simmons, & Allen, 2010).

Family cohesion, flexibility, and communication

Parallel to the development of dimensions to understand parenting, frameworks have also been developed to understand family systems (Olson, 2000). One such framework is the Circumplex Model of Marital and Family Systems, consisting of three dimensions. *Family cohesion* has been defined as the emotional bond between family members (Olson, 2011) as balanced between feeling separate as members versus together. When family cohesion is balanced (*separated* or *connected*), that is neither too high nor too low on either end, individuals are able to be both independent and connected to their families (Olson, 2000). There is no absolute best level for any relationship, but many will have problems if they function at either extreme (*disengaged* or *enmeshed*) of the model for too long. *Family flexibility* has been defined by the same author as the quality and expression of leadership and organization, role relationships, and relationship rules and negotiations. Flexibility describes how family systems balance stability versus change. Families with central levels of flexibility (*structured* or *flexible*) have rules that can be negotiated with changed circumstances. There is no absolute best level, but families tend to have problems if they function on the extreme levels (*rigid* or *chaotic*) for too long. *Communication* is a facilitating dimension that helps families alter their levels of cohesion and flexibility. Positive communication is critical for facilitating movement and maintaining balance on the other two dimensions of cohesion and flexibility (Olson, 2011). Very low or very high levels of cohesion and flexibility are associated with problematic family functioning. In families with balanced levels of the other two dimensions, members tend to have better communication skills, such as listening and speaking skills, willingness to share feelings, and respect for the feelings of others. When one family member needs or desires change, the family system must respond. When children reach adolescence they want more freedom, independence, and power in the family system, which puts pressure on the family system to change (Olson, 2000). Families that function on balanced levels of cohesion and flexibility tend also to have an authoritative parenting style (Matejevic, Todorovic, & Jovanovic, 2014).

Gender differences

Adolescent girls and boys interact with their parents in remarkably similar ways and gender differences in those relationships are minimal (Steinberg, 2014). In general, sons and daughters report comparable levels of closeness

and conflict with their parents, types of rules, and patterns of activity. The gender of the parent, however, is another story. Adolescents relate very differently to their mothers and fathers. Across cultures and ethnic groups, adolescents are closer to their mothers, spend more time with their mothers, and feel more comfortable in talking to their mothers about emotional matters and problems. Consequently, mothers are more involved in their children's lives. Fathers often have to rely on mothers for information about adolescents' activities, but mothers usually do not rely on fathers for this. Adolescents generally perceive their mothers as more controlling, and report more fights with mothers than with fathers, but this does not seem to jeopardize the relationship (Steinberg, 2014).

Exo- and meso-systems

Developmental changes in the adolescent, the parent, and the family during this stage in the family life cycle set in motion a series of transformations in family relationships (Schulenberg, Patrick, Maslowsky, & Maggs, 2014). In most families, relations are renegotiated toward more equity between parents and adolescents (Steinberg, 2014). Were universal parental support implemented in all municipalities, parents could choose between various forms of support according to their perceived needs at any point during this period of family transition (SOU, 2008).

Parental support

Different children have different needs and pose different demands on their parents (Sameroff & Mackenzie, 2003). Parental support is a broad concept that includes various forms of support. The most significant support is probably that offered by the parents' own informal social network. With increased mobility, however, not all parents have daily access to their family of origin or close friends (SOU, 2008). Most industrialized countries offer, to various degrees, basic social supports such as child benefits, parental allowances, health care, day care, and school. There may also be more structured support in the form of parental counseling, phone helplines, parenting programs, or home visits and support groups for parents through antenatal and child health care (Folkhälsomyndigheten, 2014). The national strategy proposes that parental support should include activities aimed to educate parents about children's health and emotional, cognitive, and social development and to enhance par-

ents' social networks. Such supports could take the forms of individual counseling, leader-led parent training groups (e.g., Incredible Years Series, Comet, Cope, Connect, Aktivt föräldraskap, LFT), a municipal parent phone line, meeting places for parents, lectures or seminars, or a webpage for parents (SOU, 2008).

In reviewing existing research, we included studies on both indicated and selected levels of support, referred to together as *targeted*. Intervention studies can be placed on a continuum, with a progression from *efficacy* trials (experimental) to *effectiveness* trials (naturalistic) (Amit, Peter, & Akbar, 2014). An efficacy study is more tightly controlled, and participants are often randomized to a treatment or control condition, with the aim to investigate the "pure" effect of the treatment (Ernst & Pittler, 2006). An effectiveness study explores whether the treatment works in real life, when other factors interfere (Ernst & Pittler, 2006). Throughout this thesis, these terms will be used as described here, although they can also be defined in other ways.

Individual counseling

Family-based counseling (referred to as "individual counselling" in the Swedish national strategy to separate it from leader-led groups) has shown effects in meta-analyses of both effectiveness and efficacy trials of various manualized programs for families with adolescents at risk for substance abuse and delinquency (Austin, Macgowan, & Wagner, 2005; Baldwin, Christian, Berkeljon, & Shadish, 2012; Sexton & Alexander, 2002; Smith & Cook-Cottone, 2011). The interventions were variations of manualized family therapy programs delivered by trained professionals on targeted levels.

Parent support programs

Research on the efficacy and effectiveness of parent support programs has shown promising support for their value (Dretzke et al., 2009; Eyberg, Nelson, & Boggs, 2008). Several parenting training programs aimed at promoting positive, and preventing negative, development have been introduced and disseminated in Sweden (Axberg & Broberg, 2012; Kling, Forster, Sundell, & Melin, 2010; Stattin, Enebrink, Özdemir, & Giannotta, 2015; Thorell, 2009). Although these differ in the types of parents targeted, the different theories they are based on, and their group sizes, number of sessions, and major themes, the programs all share the common goal of promoting positive parenting and reducing harsh and inconsistent parenting. Several of these programs have been

recommended for universal use by the Swedish Institute of National Health (Bremberg & Statens, 2004). While most of the programs still need to be evaluated for effectiveness when offered universally, a shortened version of the IYS (Incredible Years Series) program offered universally in Norway has been evaluated. It was found to reduce harsh parenting and children's behavior problems and to enhance positive parenting and parents' sense of competence (Reedtz, Handegård, & Mörch, 2011). Most parent training programs were originally planned with parents of younger children in mind (Eyberg et al., 2008; Kumpfer, Whiteside, Greene, & Allen, 2010; Ralph et al., 2003). An exception is the Örebro Prevention Program, which was developed for parents of 13–16-year-old adolescents with the aim to provide information to parents to help them prevent underage drinking and delinquency (Koutakis, Stattin, & Kerr, 2008). This universally aimed intervention combines written information with school meetings each semester through school years 7, 8, and 9. The intervention decreased both underage drinking and delinquency among the included adolescents compared with a control group (Koutakis et al., 2008).

Parent phone line

Targeted parent phone lines have been used to enhance the effect of home visits or counseling; in one study they proved valuable in providing timely social and emotional support, education, and advocacy for families with issues that otherwise might have been unmet (Moore & Krowchuk, 1997). An evaluation of a universal parents' phone line indicated that parents appreciated this form of support and found helpful both for practical parenting advice and for information on where to seek further support (Henricson & Roker, 2000).

Positive outcomes were demonstrated for a targeted parent intervention consisting of written materials and weekly telephone consultations (Connell, Sanders, & Markie-Dadds, 1997), and universally aimed newsletters improved parenting behavior, parent–child relationships, and family functioning (Henricson & Roker, 2000).

The Internet

In a systematic review, Daneback and Plantin (2008) conclude that parents use the Internet as a source of information and for social support, but that in addition to useful information it contains much that can be contradictory or misleading (Daneback & Plantin, 2008). Most people in Sweden have access to and use the Internet. Sweden is ranked number one in the world on the World

Wide Web Index, with the best web infrastructure, best web usage (percentage of web users and content available), and the highest impact of the web on social, economic, and political dimensions (World Wide Web Index, 2012). Unequally distributed use of the Internet as an information resource between different socio-economic groups is known as the "digital divide" (Bonfadelli, 2002). In Sweden, however, users of a large parenting website were found not to follow the digital divide, but instead to include a surprising lack of fathers. This could indicate that the Internet as a resource for parents in Sweden may be socially unbiased, but could be gender biased (Sarkadi & Bremberg, 2005).However, the parenting website in question featured only female writers and a compelling majority of the presented experts were women, so visitors to the site might perceive it to be aimed more toward mothers than fathers. When both parents feel equally addressed, interest among fathers may be greater. This is supported by another Swedish study which measured the effect of an online parent training program (Comet). When the program was offered online, 69% of the parents participated with their partner. This result was in contrast to the 8% of parents who attended with their partner when the program was offered in person, with only mothers attending by themselves (Enebrink, Högström, Forster, & Ghaderi, 2012).

Fathers' involvement

Traditionally, parental support has been mostly been offered to and best accessed by mothers (Plantin, Olukoya, & Ny, 2011). In a review, both universal and targeted parent training programs were found to increase fathers' information and involvement in child care and their self-reported competence as parents (Magill-Evans, Harrison, Rempel, & Slater, 2006). A meta-analysis of fathers' involvement in targeted parent training found that studies including fathers, rather than only mothers, reported significantly more positive changes in children's behavior and desirable parenting practices, but not in the fathers' perceptions of parenting. Fathers reported fewer desirable gains than mothers (Lundahl, Tollefson, Risser, & Lovejoy, 2008).

Macro- and exo-systems

The family interacts with other micro-systems, which in turn may be influenced by institutions in the exo-system that contain them and influences from

the macro-system. The conditions for the family to provide a good environment for growing up are strongly influenced by the surrounding society (Bronfenbrenner, 1979). Historically, the social network, and especially the extended family, has been the closest source of support for children and parents in hard times (SOU, 2008). Migration as a consequence of industrialization has broken up extended families, and today it is common to live far away from parents, relatives, and childhood friends. In Sweden, as in many westernized countries, this has spurred the development of the welfare society, and families now lean on formal social networks in the form of antenatal clinics, child health care, child day care, and school for important functions (SOU, 2008). The nearest community and its services now play important roles in setting the conditions for children and adolescents to develop (Bronfenbrenner, 1979, 2005). However, over the last few decades in Sweden there has been a shift in the welfare state towards a growing acceptance of income inequality, a retrenchment of the welfare state, and a growing emphasis on the importance of individual choices in health (Raphael, 2014). There have been cutbacks in a range of benefits and supports (Raphael, 2014). Income inequality has increased in Sweden since 1986, social assistance benefits have decreased by 18% since 1990, and employment benefits have also decreased (Raphael, 2014). The proportion of the poor (disposable income < 60% of the median value for the Swedish population) increased from 8.4 percent in 1999 to 13.8 percent in 2012 (SCB, 2014). Economic stress has been found to be a significant risk factor for psychosomatic symptoms in children (Östberg, Alfven, & Hjern, 2006), and income inequality has been linked to higher mortality and common mental disorders in adults (Weich, Lewis, & Jenkins, 2001). It has been argued that weakening the programs and supports (macro level) associated with Sweden's excellent health profile could eventually lead to worsened public health (micro level). (Raphael, 2014).

Other factors on the macro level such as school, county, and state policies have shown to have important influences on children's mental health and development (McLaughlin, 2014). For example, epidemiological research has documented relationships between protective school policies for lesbian, gay, and bisexual adolescents and a lower risk of attempted suicide, between the amount of state excise taxes on cigarettes and child exposure to smoke within the home, between state alcohol taxes and the prevalence of alcohol dependence, and between state school nutrition and physical education policies and the prevalence of child and adolescent obesity (McLaughlin, 2014). Similarly, the Swedish national strategy for parental support may result in increased municipal support services for parents, which may positively influence children's and adolescents' mental health (SOU, 2008).

Reaching out

Societal initiatives to reach out to ameliorate the conditions for parenting are represented by the arrows in the bio-ecological model (Figure 1). Whether parental support should be offered on a universal, selected, or indicated basis is a subject of debate (Offord et al., 1998). Targeting known risk groups is argued to be more economical because the effects of directing interventions to those with known problems are larger. When problems are larger, the potential for positive change is also larger. The question of whether universally aimed interventions really reach people in need, or only benefit others with no real need of intervention, has also been raised (Offord et al., 1998; Rose, 2001). It has proven difficult, however, to predict which people will actually develop problems in the future. The consequence is that a substantial proportion of individuals who do develop problems tend to remain outside identified risk groups, so that targeted interventions exclude the majority of individuals they were intended for (Offord et al., 1998; Rose, 2001). A universal approach has been argued to prevent the stigmatizing effect of participation, since participants are not singled out because of problems or risk factors (Ulfsdotter, Enebrink, & Lindberg, 2014). Most participants may not have or even be at risk for developing the problem addressed by the intervention, and when present, their problematic tendencies may be very mild. This means the potential for positive change is so small that when the intended change does result, the effect size will be small. Still, when universally aimed interventions have a small effect on many individuals, the result can be a large effect on the population as a whole (Offord et al., 1998).

It has been argued that parent training programs are among the most powerful and cost-effective interventions available to prevent child maltreatment and socio-emotional and behavioral problems in children (Reedtz et al., 2011). In a study of the costs of building a public health infrastructure to deliver a population-wide evidence-based multilevel system of parenting interventions to strengthen parenting, the researchers found that these costs would be recovered in a single year by as little as a 10% reduction in the rate of abuse and neglect (Foster, Prinz, Sanders, & Shapiro, 2008). Other potential gains, such as reducing the incidence of conduct disorder, other children in participating families benefiting from parents' improved parenting, and staff using skills learned after the first year were not included in the calculations (Foster et al., 2008).

Internationally, the strategy of preventing mental health problems in children and adolescents by offering universal parental support has been increasingly adopted over the last decades (Chu, Farruggia, Sanders, & Ralph, 2012; Morawska, Dyah Ramadewi, & Sanders, 2014; Thornton & Calam, 2011) and Sweden has followed the trend (SOU, 2008).

Researchers have raised the concern that public health interventions might increase inequality between advantaged and disadvantaged groups by being more available to, and offered in a format more easily accessed by, those with higher SES (Lorenc, Petticrew, Welch, & Tugwell, 2013). Thus, even if universal interventions were effective on a societal level, they might not reach the most disadvantaged groups and hence could broaden the gap between the most disadvantaged and the majority.

Since larger numbers of participants are needed for a universal intervention to have a significant effect (Offord et al., 1998; Rose, 2001), it is a problem that the majority of parents are not even aware of the parental support available to them (Johnson, Akister, McKeigue, & Wheater, 2005) When asked about what kinds of support they would like their community to offer, parents suggested forms already available (Johnson et al., 2005). Poor participation rates threaten to limit the potential benefit of interventions such as parent training programs (Prinz et al., 2001). Reaching out broadly would not only increase the general awareness of the supports available, but also reduce the stigma associated with using a psychological intervention. This is important considering that stigma is a major barrier to using psychological services (Ohan, Seward, Stallman, Bayliss, & Sanders, 2015). Moreover, one form of support could serve as a gateway to other services, so that participation in a universally offered parenting program, for example, could lead to the use of counseling services. Therefore, for universal forms of support to have a positive public health impact, public awareness of their existence would have to be increased.

Barriers and facilitators to participation

Socio-demographic factors and social status

Studies of how sociodemographic variables predict participation in targeted parental support have yielded inconsistent results. Low SES has been found to be a barrier to participation in targeted parental support in some international studies (Baker, Arnold, & Meagher, 2011), but not in others (Dumas, Nissley-Tsiopinis, & Moreland, 2007; Haggerty et al., 2002). It has been suggested that SES serves as a marker variable to indicate other problems such as stress, depression, time constraints, or low social support which are the actual barriers

(Spoth, Redmond, & Shin, 2001). But low SES may also contribute indirectly to participation via help-seeking behavior and parental depression (Garvey, Julion, Fogg, Kratovil, & Gross, 2006). For example, mothers with significant stressors in their lives but fewer time constraints have been found more inclined to enroll in universal parental support groups (Dumas et al., 2007). The contribution of SES to enrollment and outcome may depend on the setting in which the intervention is offered. In a meta-analysis of targeted parent support programs, low family income was related to poorer treatment outcome in parent support groups and education/occupation had a moderate effect on treatment (Reyno & McGrath, 2006). The same meta-analysis showed that economically disadvantaged families and families with children with more severe behavior problems were more likely to enroll in and complete community-based than clinic-based parent training programs (Reyno & McGrath, 2006).

Parents who enroll in parent support groups generally have higher educations than other parents. This has been shown in enrollment studies of parents of younger children responding to a universally aimed offer to participate (Haggerty et al., 2002) and of parents of adolescents attending targeted parenting groups (Bauman, Ennett, Foshee, Pemberton, & Hicks, 2001; Pettersson, Linden-Bostrom, & Eriksson, 2009; Spoth, Redmond, Kahn, & Shin, 1997; Spoth, Redmond, & Shin, 2000). In one study, parents living together were found more likely to attend programs offered at both targeted and universal levels (Bauman et al., 2001; Heinrichs, Bertram, Kuschel, & Hahlweg, 2005), but another study found single mothers more likely to attend a universal program (Dumas et al., 2007). Parental age has been found to influence participation in parental support, with mothers under the age of 20 at greater risk of dropping out of a targeted program, in some studies (Danoff, Kemper, & Sherry, 1994) but not in others (Garvey et al., 2006; Gross, Julion, & Fogg, 2001).

Interest in support

Results from Swedish studies indicated an interest among parents in parent support (Bremberg, 2008; Olsson, Hagekull, & Bremberg, 2004). In one study, three forms of support stood out as attractive with more than 40% of parents declaring interest: (1) parent training programs, (2) information via media such as TV, radio, books, and magazines, and (3) phone helplines. Parents of children 0–2 years old showed greater interest in support than parents of older children, and mothers were generally more interested in all forms of support than fathers. The gap was even bigger among mothers and fathers of children aged 10–18 years (SOU, 2008). There was also substantial interest in receiving

counseling; more than half of parents of 0–18-year-olds declared interest in this form of support when asked in a telephone survey (Bremberg, 2008).

Parents gender

The parent's gender has been found to influence their support-seeking behavior. Mothers have been found to take more interest in parental support, to seek more often both *formal* (participation in structured activities or consultation with family support professionals) and *informal* support (reading magazine and newspaper articles or talking with friends and family members), and to have higher participation rates than fathers in universally offered supports (Dumas et al., 2007; Redmond, Spoth, & Trudeau, 2002). Although fathers have a substantial impact on their children's lives, they often choose not to participate, or are not included, in parenting interventions (Redmond et al., 2002; Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2008). Traditionally, research on parenting has focused mainly on mothers and mothers' parenting behaviors and not considered fathers' parenting (Lundahl et al., 2008).

Parental anxiety and depression

Parental depression has been found to act as a barrier to participation in targeted parent training (Baker et al., 2011). However, maternal mental health risk factors previously described as barriers to participation in targeted parenting programs were found to stimulate participation when the program was offered in a community setting (Reyno & McGrath, 2006). Parents participating in support groups tend to express more symptoms of anxiety and depression than other parents (Haggerty et al., 2002; Heinrichs et al., 2005), and participation in targeted parent training programs has been linked to the perceived needs of the parents (Garvey et al., 2006).

Child´s mental health

Parents have been shown more likely to participate in both universal and targeted parent training groups if they are concerned about their child's behavior (Dumas et al., 2007; Garvey et al., 2006) or if they perceive the severity of their child's behavior problem as high (Gross et al., 2001; Haggerty et al., 2002; Thornton & Calam, 2011). Other research shows parents more likely to attend individual counseling at a mental health clinic if they had sought help for their child in the past (Harrison, McKay, & Bannon, 2004). Parents with more access to social support and less difficulty with discipline were more likely to come to a scheduled appointment.

Parental capacity and parental self-efficacy

Parental capacity has been defined as the ability to assist children in solving their problems, to connect with children's needs, and to set limits for children when necessary (Reichenberg & Broberg, 2005). These abilities constitute aspects of the *locus of control*. Parents with an external locus of control attribute their child's development to forces outside their own control, while those with an internal locus of control regard their own actions as influential on their child's development (Reichenberg & Broberg, 2005). *Perceived parental efficacy* has been defined as the "beliefs or judgements a parent holds of their capabilities to organize and execute a set of tasks related to parenting a child" (Montigny & Lacharité, 2005). Perceived self-efficacy is situation-specific, varies according to the task involved and the context, and is not a global personality trait. *Perceived parental competence* refers to "judgement that others hold about the parent's abilities to do something." Thus, it is different from perceived parental efficacy, which is the parent's own judgment (Montigny & Lacharité, 2005). Parents with low self-efficacy may possess the relevant knowledge and skills to address their children's problem behavior, but not perceive themselves as having the agency or means to do so (Coughlin, Doyle, Sharry, Guerin, & Beattie, 2018). Parental capacity has been shown to influence the tendency to participate in targeted parental training. For example, parents who perceive their child as having behavior problems tend to have less confidence in their parenting (Miller & Prinz, 2003), and lower perceived parental efficacy has been linked to increased likelihood of participating in targeted parent training programs (Garvey et al., 2006).

Practical arrangements

A meta-analysis comparing parental engagement in different settings found that maternal mental health risk factors and SES did not influence program engagement or treatment outcome for mothers involved in a targeted community-based parenting program (Reyno & McGrath, 2006).The authors conclude that offering parent training in the community and providing additional supports to encourage attendance may reduce logistic and psychological barriers to attendance and positively influence outcomes. Self-referral to parent training groups was associated with better treatment outcomes than referrals by a school or social agency (Reyno & McGrath, 2006).

In surveys, parents of adolescents have expressed a desire to meet and talk with other parents of children the same age (Bremberg, 2008). Meeting places and leader-led groups are often organized for parents of younger children, but more rarely for parents of teenagers (Bremberg, 2008). It is unclear what sorts of meetings the parents wish to have, what topics they would like to discuss, how this might support them in their parenting, and under what circumstances it would be attractive and possible for them to attend.

In Sweden, parental support services are generally universal (Government Offices of Sweden, 2009), with comprehensive support available to parents of small children (0–2 years) through maternal and child health care, open nurseries, and preventive social work (Folkhälsomyndigheten, 2014). Support for parents of school-aged children up to preadolescence increased with the implementation of parenting programs, but support for parents of adolescents is scarce (Country and Administrative Board of Örebro län, 2015). Availability varies between municipalities, and existing support is usually aimed at preventing drug abuse (Country and Administrative Board of Örebro län, 2015). How support for parents of adolescents could best be tailored to their needs remains an open question. Before developing universal support for parents, the forms of existing support that might be useful to them and what other forms of support they require should be considered, since these parents' needs may be different than those of parents of younger children. Knowledge about which characteristics or needs are linked to interest in which forms of support is needed to tailor future universal support and to develop new parent-recruitment methods.

For municipalities to reach the goals of the national strategy, most would have to offer new forms of support to new groups of parents. Because universal interventions are expected to render small effects, for a public health strategy to be economically viable, a sufficient number of parents must participate (Offord et al., 1998; Rose, 2001). The Swedish national strategy clearly states that

all parents are entitled access to municipal support (SOU, 2008). A crucial issue in aiming support universally is how to reach out to all parents, independent of gender or social status, from the start. A public health approach will increase the demand on both professionals and policy makers to encourage more involvement of fathers in their children's care and development (Sarkadi et al., 2008). In Sweden, municipalities already offer universal support to some extent, but international studies show that parents are generally unaware of support available to them (Johnson et al., 2005). More needs to be learned about Swedish parents' awareness of existing support and whether there is a demand for these forms of support.

Conclusions from the literature review

After having reviewed the literature available in 2010, areas were identified that should be explored further regarding universal parental support, for example:

- the perceived needs and interest of parents in various forms of support,
- parents' awareness of existing support,
- the Internet as a source of parenting information,
- similarities and differences in the interests of parents of younger children and parents of adolescents,
- the characteristics of interested parents in terms of parenting capacity, mental health, their children's perceived mental health and functioning, and socio-economic differences, and
- the kinds of support that parents of adolescents request and the factors that would enable them to participate.

Aims of the thesis

The overarching aim of this thesis was to explore the general interest in universal parental support, during which circumstances this interest is stronger, and how universal support groups for parents of adolescents could be developed according to their perceived needs. The more specific aims were to (I) examine mothers' and fathers' interest in municipal parental support and differences in interest between high and non-users of the Internet; (II) to investigate and compare interest in parenting support among parents of adolescents and younger children, potential differences between mothers and fathers, and parents' knowledge of what is already available and their requirements for future universal parent support; (III) to explore what factors are associated with parents' interest in universal parent support such as socio-economic differences, social status, anxious and/or depressed mood, lower perceived parental capacity, and their perceptions of their child's possible psychiatric problems, openness, and overall difficulties due to psychiatric symptoms; and (IV) to explore what kind of support parents of adolescents want from universal parent support groups and what practical requirements would enable parents to participate.

Summary of empirical studies

Study I

The aims of Study I were to examine

I. to what extent the parents were interested in various forms of municipal universal parental support programs;
II. whether there were any differences between mothers and fathers regarding their interest in municipal universal parental support programs; and
III. if there were any differences between high to non-users of the Internet (as an information source in their parenting), regarding their interest in municipal universal parental support programs.

Method

The research team collaborated with 15 municipalities in Western Sweden that were implementing a project supported by the former National Institute of Public Health. A telephone survey was performed to find out what sorts of parenting support would interest parents in the area. Data were collected from January 2010 to December 2011. A random sample of parents and their contact info was acquired from the Swedish Population and Address Registry (SPAR). A total of 2136 parents were contacted by phone and 1744 participated in the interviews (response rate: 82%). The proportion of mothers was 64.9%, of fathers 35.1%. About 26% of the participants had one or more children aged 1–36 months, 72% had one or more children aged 3–12 years, and 38% had one or more teenagers.

An interview guide was developed in cooperation with researchers who had performed a telephone interview for similar purposes (Koutakis, personal communication 2010). Some questions were identical, and others were added. The interviewer asked parents about what support they would like by asking “If

you were invited to sign up for courses or have advice and support available to learn more about how you as a parent can create good conditions for your child, do you think you would take advantage of that opportunity in the form of a: leader-led parent training program, a meeting room where you could meet other parents); individual counseling; a municipal phone line for parents; or a municipal webpage for parents?" Answer alternatives to each option were Yes/No/Maybe. The interviewer also asked about parents' use of the Internet the following question: "Do you use the Internet as a source of information for your parenting?" (No, never/Daily/Around once a week/Around once a month/More seldom).

Before starting the interview, the interviewer introduced themself, explained where they were calling from and the purpose of the interview, and asked for informed consent by saying "I would like your permission to ask you a few questions regarding this. It would take a few minutes and your answers will be coded to hide who answered the questions." The interviewer used the family's home telephone number and interviewed whichever parent came to the phone first. When the interview was finished, the interviewer would ask permission to interview the other parent. If the parents were not living together, the interviewer would ask for the other parent's phone number and call them. If the other parent was not at home, the interviewer would ask permission to call back and at a more convenient time.

The chi-square test was used to compare proportions. The level of significance was set at $P < .05$. Standardized residuals were used to examine which cells were major contributors (an absolute value greater than 2) to the significant chi-square value (Hinkle, Wiersma, & Jurs, 2003). One-way analyses of variance (ANOVA) with Scheffe's post hoc tests were used to test differences between means. The level of significance was set at $P < .05$. Statistical analyses were performed using SPSS Statistics version 20.

Main findings

The greatest interest was in a webpage for parents (65.7% overall for mothers and fathers). This was also the only variable concerning interest that did not show a significant difference between mothers and fathers, whose interest was equal: chi-square (2, N = 1716) = 5.24, $P = .07$. For the other forms of parental support—leader-led groups, meeting places, individual counseling, and a parent phone line—the interest was significantly different between mothers and fathers. For these four variables, fathers answered "No" significantly more than mothers (standardized residuals were between 2.8 to 3.4). Parents were also asked about their actual use of the Internet as an information source

in their parenting. Most parents used the Internet for parenting information either Monthly/Rarely (51.4%) or Daily/Weekly (8.7%). However, about 40% of the parents answered that they never use the Internet as source of parenting information.

Interest in municipal parental support was significantly different between high and non-users of the Internet as a source of parenting information. Non-users of the Internet for parenting information answered "No" significantly more often to all five questions about municipal parental support (standardized residuals were between 2.7 to 6.2). Also, parents who used the Internet Daily/Weekly reported more interest in all five forms of municipal universal parental support. About 20% of the Daily/Weekly users of the Internet were interested in all five parental support programs, whereas among the Internet non-users, only 10% were interested in all five parental support programs. As many as 24% of Internet non-users were not interested in any form of parental support, whereas among Daily/Weekly Internet users, the corresponding proportion was only 4%.

Conclusions

The Internet is an important but challenging way to reach out to parents with information about parenting and child health. Searching the Internet for hints and support in parenting seems to be a firm indicator of interest in other forms of parental support. The significant association between frequency of Internet use for parenting information and general interest in parental support confirms that the Internet is a good way to reach those who are interested in parental support. However, to reach those who would benefit from parental support but are not interested remains a challenge.

Study II

The aims of this study were to investigate:

I. whether parents of adolescents think it is important to be offered universal parental support during their child's adolescence and whether their perception of such importance differs from parents of younger children;
II. whether parents of adolescents and parents of younger children differ in levels of interest in using parental support;
III. whether there is a difference between mothers and fathers of adolescents in their levels of interest in using parent support;
IV. to what extent parents of adolescents are aware of the support already available to them; and
V. what kind of parental support parents of adolescents say they need.

Methods

The research team collaborated with the same 15 municipalities involved in Study 1. Parents' awareness of available supports and their perceived needs and preferences for support were explored through a telephone survey conducted by municipal professionals or special interviewers on behalf of the municipalities. Existing universal parental support was first mapped in the participating municipalities to create background knowledge about what forms were already being offered to parents of adolescents.

The same random selection of parents acquired from SPAR for Study 1 was contacted for a new round of telephone interviews in Study 2, 18 months later. A total of 2126 parents were contacted by phone and 1691 chose to participate in the interview (response rate 80%). The proportion of mothers was 63%, and of fathers 37%; 911 participants had children ≤12 years but none older and 425 had children ≥13 but none younger; the total number of parents was 1336. A qualitative question was posed to all participants, but prior to the analysis, all respondents with children younger than 13 were excluded, and only responses from parents of adolescents (n = 425) were included.

A slightly altered version of the semi-structured interview guide constructed for Study 1 was used containing background questions about the number and age of their children, the parent's sex, what available support parents were aware of, what forms of support they would be interested in, and when during the child's life support for parents may be important. The length of the

interview was held to a minimum, 5–10 minutes, to reach a large sample of parents. Parents were also asked an open-ended question: *"*If you could wish freely, what would you like to see in terms of support for parents here in the municipality? It could be the kind of things I have been asking about, or other things." Excluding the answers "No" and "Don't know," 342 of the 425 parents of children aged ≥13 responded to this question.

The chi-square test was used to analyze between-group differences. The level of significance was set at $P < .05$. For a statistically significant omnibus chi-square test, a post hoc procedure used standardized residuals to examine which cells were major contributors (an absolute value greater than 2) to the significant chi-square value (Hinkle et al., 2003). Cramer's V was used to measure effect size. Statistical analyses were performed using SPSS Statistics version 20.

Qualitative analysis was performed on valid responses to the open-ended question,. Atlas.ti software version 6 was used for data management. The data were analyzed using conventional content analysis (Graneheim & Lundman, 2004). The answers to the question were written down by the interviewer and then pasted into the Atlas.ti software. All the answers to this question were read through several times and meaning units related to supporting parents of adolescents were identified and coded. The codes were classified into main categories and subcategories on the basis of their differences and similarities. The codes were inductively categorized.

Main findings

Parents were asked when they thought support for parents would be most important during a child's development. The results showed that 82% of parents of adolescents thought that universal parental support would be most important during the child's adolescence. It was also found that parents wanted (1) more access to existing supports, (2) opportunities to discuss common issues and share experiences with other parents, and (3) a place to turn to for support and advice in difficult times. Parents also preferred that information, support, and peer networks for parents be organized and disseminated through their children's schools.

Parents were asked if they would participate in or use different forms of parental support if they were offered. Parents of adolescents were compared with parents of younger children. The majority of parents of adolescents were interested in most forms of municipal support. About 58% of the parents of adolescents reported some sort of interest (answered Yes or Maybe) in taking

part in leader-led groups, 52% in meeting places, 66% in individual counseling, 59% in a parent phone line, and 70% in a webpage for parents. No significant between-group differences were found for meeting places (opportunities to meet other parents) or a parent phone line, but parents of younger children showed more interest in leader-led groups, individual counseling, and a webpage for parents. Mothers of adolescents showed a greater interest than fathers in all forms of support except a parent phone line.

When parents of adolescents were asked whether they were aware of different forms of parent support available to them in their municipalities, 34% reported awareness of existing leader-led groups, about 30% were aware of individual counseling being offered, 3% knew about the parent phone line, and 7% knew about the municipal webpage for parents. Only municipalities that offered the respective forms of support according to the public health coordinator were included in this analysis.

Conclusions

The results show that parents of adolescents think that support to parents is most important during the child's adolescence, and they are as eager to have universal support as parents of younger children. Parents of adolescents are particularly interested in information related to issues particular to this developmental period, in individual counseling over the phone or in person, and in opportunities to meet and discuss with other parents. A gap was identified between parent's interest in and awareness of available support, and many parents said they did not know where to turn. There was also a "gender gap," with mothers showing a greater interest in all forms of support but a parent phone line.

Study III

The main aim of this study was to explore factors that might be linked to interest in universal parental support. The more specific research question asked whether parents who differ in their interest in various forms of universal parental support differ from other parents in terms of

I. sociodemographic factors and social status;
II. self-rated levels of anxious and/or depressed mood;
III. self-perceived parental capacity and reactivity;
IV. estimations of their adolescent's psychiatric symptoms and openness to the parent; and
V. specific phenomenological standpoints represented by agreeing more to certain items than others.

Aim V was not included in the published article but is included here.

Method

We followed the implementation of the national strategy in nine municipalities/city districts (three districts in Gothenburg) in western Sweden. Interest in parental support was explored in a telephone interview with parents, following the same procedure outlined in the two earlier studies of this thesis, with a new sample of parents. After the interview, parents were asked to also fill in a questionnaire about parenting, either sent by mail using a pre-paid reply envelope or through a link sent via email. Each participant was given a unique code to connect the questionnaire with the telephone interview.

For every municipality/district included in the study the Swedish Population and Address Registry (SPAR) provided the names and addresses of 225 parents of children aged 10 to 15 and of 75 individual 16- to 17-year-olds. Telephone numbers were then obtainable for approximately 75% of the names. Lists with telephone numbers were distributed to interviewers who were instructed to make calls until 100 parents from each municipality had been interviewed. In total, 875 parents from 797 families agreed to participate. In 63 percent of the families only the mother participated in the interview, in 27 percent only the father, and in 10 percent both parents participated. Mothers were the primary informant. The procedure for data collection described above stems from a larger study setting. Since the present study focused on parents of adolescents, 242 participants who did not have children aged 13 to 17 years

were excluded from the study. Of the 633 parents who participated in the telephone interview and had a child 13-17 years old, 223 completed both telephone interview and questionnaire (70% mothers and 30% fathers).

No significant differences were found between the parents who participated in both the telephone interview and the written questionnaire, and the Swedish population (Statistics Sweden, 2012) in terms of long-term sick-leave or unemployment, or whether parents were cohabiting or not. However, both mothers and fathers were more highly educated, compared to parents in general. Both mothers and fathers were also more often born in Sweden.

The proportion of mothers was 75 % in the final study sample, significantly higher compared to the other parents in the original sample.

We conducted semi-structured telephone interviews. The interview guide was identical to the guide used in Study 2. Participants also filled in a written questionnaire with questions about sociodemographic factors, parents´ level of anxious and/or depressed mood, perceived parental capacity and reactivity, parents´ estimation of adolescent psychiatric symptoms and openness to parents.

We used the Hollingshead two-factor index to calculate the social status of each participant (Hollingshead, 2011). Differences between groups of parents who showed interest (answered Yes or Maybe) in support in general and in various forms of support parents and those who did not (answered No) were analyzed for sociodemographic factors and social status, self-rated levels of anxious and/or depressed mood, self-perceived parental capacity and reactivity, and estimations of their adolescent's psychiatric symptoms and openness to parents. We performed statistical analysis using the Mann Whitney U test and descriptive statistics. The level of significance was set at $P < .05$. Effect size was calculated using eta squared (η^2). We used IBM SPSS Amos 20 to perform statistical analyses. If there was a difference in total scores showing interest in support programs, we analyzed the questionnaires item by item to determine which questions had generated different frequencies of agreement/disagreement between the two groups of parents. When items with significant *P*-values were found, an adjusted Bonferroni comparison was performed to prevent a type 1 error.

Main findings

Parents who showed interest in individual counseling and in lectures and seminars expressed significantly higher levels of anxious mood than parents who did not show interest in these forms of support. In further exploration at

the individual item level, we found that parents who were interested in individual counseling agreed more frequently than other parents with the statement "Worrying thoughts go through my mind."

Parents who showed interest in individual counseling and leader-led groups had higher scores on variables measuring perceived parental capacity. Higher scores indicate a lower sense of competence and control.

Parents who showed interest in a telephone helpline reported more emotional outbursts than other parents. On an individual item level, parents interested in a phone line agreed more than others with "I get angry and have an emotional outburst."

Parents interested in leader-led groups had significantly higher scores than uninterested parents on their perception of their child's hyperactivity. Parents interested in individual counseling had significantly higher scores than other parents on their perception of the child's emotional symptoms and scored the severity of their adolescents' overall difficulties in daily life significantly higher than other parents.

Parents interested in individual counseling had lower scores than other parents on their perception of the adolescent's openness to them.

The results show that social status was associated with a higher interest in lectures and seminars, but not other forms of support. Parents who indicated interest in one or more forms of support more often perceived their adolescent as being affected by psychological problems.

Conclusions

Future universal parental support should be tailored to, and recruitment aimed at, parents who feel anxious and worry about their adolescent's mental health and the efficacy of their own parenting. The results also suggest that lighter forms of support may be more attractive to parents with higher social status.

Study IV

The overarching aim of the present study was to explore what content parents of adolescents wish to discuss and what kind of support parents wish to obtain from a universal parent support group. The study also explored what practical requirements would enable parent participation.

Method

Participants were recruited in secondary schools. An invitation was sent by the headmaster to parents of children in years 7, 8, and 9 at each school (13–16 years old). The invitation letter explained the aim of the study and invited participants to participate in a focus group. Six schools agreed to participate. Enough parents were recruited for focus groups at two schools. There were 12 participants in total, 11 mothers and a father who cohabitated with one of the mothers. At the first school, there were two groups with three and five participants respectively. To reach a sufficient number of participants for these groups, the first participants who signed up were asked to bring another parent that they knew. At another school, four parents signed up and participated in the study. Both schools were located in an area with a lower socio-economic standard. The first school was a state school with students from the local area while the second school was a free school with students from areas with both higher and lower socio-economic standards.

The focus groups were held at the schools, were moderated by the first author, and lasted for approximately 50 minutes. The interview guide contained several questions, which were followed up by probes such as "What would you as parents of adolescents consider relevant to discuss with other parents in support groups?"

A thematic analysis was performed, according to the six steps of Braun & Clarke (2006). The transcripts were read through several times, then coded on a semantic level. The codes were assigned to main themes and subthemes that were formed inductively (Braun & Clarke, 2006). Themes were reviewed several times to refine the specifics of each. The authors met often during the process to discuss the themes and subthemes. The software Atlas.ti 8 was used for analysis.

Main findings

The aim of the present study was to explore what content parents of adolescents wish to discuss and what kind of support they wish to obtain from a universal parent support group. The study also explored what practical requirements would enable parent participation.

Four main themes emerged from the focus group discussions: *Dramatic development creates uncertainty*, *Getting emotional support from other parents*, *Developing better parenting skills together*, and *Meeting throughout adolescence to focus on the challenges of normal development.* The content of the themes might inform providers of parenting support how to tailor and promote supportive interventions for parents of adolescents.

Conclusions

The study provides further understanding of what needs could be fulfilled by universal support groups and how to tailor and promote universal support groups to parents of adolescents. The parents requested a support group that would meet continuously throughout their child's adolescence and focus on the challenges of normal development. What could be gained from participation in such a group was an improved understanding of adolescent development. Parents could give each other emotional support and develop better parenting skills together. According to the parents, support groups should be offered by the school and moderated by trained professionals.

General discussion

This thesis is focused on the general interest in universal parental support, under which circumstances this interest is stronger, and how universal support groups for parents of adolescents could be developed according to their perceived needs. The results indicate that there is substantial interest in all forms of support, but a gap between parents' interest and their awareness of the support available to them. The interventions from the macro and exo levels of the system do not seem to reach their targets on the micro level, the parents. Parents of adolescents were as interested as parents of younger children in parental support, but they often stated that they did not know where to turn for parenting support. We also found that the Internet is a good way to reach out to parents who are interested in parental support and information about parenting and child health, especially fathers, since they show the same level of interest this channel of information as mothers. A parent phone line could also be used to reach out to fathers, especially fathers of adolescents, whose levels of interest was equal to that of mothers. This would, however, require the parent phone line to be well advertised and have generous availability and flexible hours. Leader-led groups, individual counseling, and lectures and seminars can be tailored to include parents with symptoms of anxiety or who perceive their child/adolescent to have overall difficulties. Parents wished for schools to offer universal support groups as well as other forms of support. Parents of adolescents in particular requested a support group that would meet continuously throughout their child's adolescence to discuss the challenges of normal development and provide mutual support among parents in maintaining good relationships with their adolescents. Lighter forms of support such as lectures and seminars should not be the only supports offered, but need to be accompanied by more resource-demanding interventions such as individual counseling and leader-led groups to prevent the risk of broadening the gap between the most disadvantaged and the majority.

Micro-and meso-systems

In the bio-ecological model, parents and their interest in and utilization of parental support occupy the micro- and meso-systems. There was substantial interest in all forms of support from parents of younger children and of adolescents. There were expected significant differences between mothers and fathers, with mothers more interested in all forms of parental support except a webpage for parents, which fathers were equally interested in, and a parent phone line that also interested fathers of adolescents as much as mothers. In light of the gender differences normally demonstrated (Redmond et al., 2002), the equal interest in municipal support via a webpage and a parent phone line was unexpected.

Parents of adolescents thought support was most important during the child's adolescence. Interestingly, parents of adolescents expressed the same levels of interest in forms of support previously available mainly to parents of younger children, such as meeting places for parents and a parent phone line. This is in stark contrast to reality, since most universal support is aimed at parents of younger children, and support for parents of adolescents has been described as generally scarce and different depending on where you live (Country and Administrative Board of Örebro län, 2015; Stewart-Brown & Schrader-McMillan, 2011; SOU, 2008).

When asked the open interview question about what additional support they would like to see, parents of adolescents stressed the need for discussion forums and the opportunity to share their experiences and discuss issues about adolescent development with other parents. The results of the focus group interviews provide a deeper understanding of why parents wish to discuss these topics and more specific information on what they wish to talk about. The participants hoped a universal parent support group could help them to better understand the developmental changes of adolescence. This is in line with previous studies showing that parents wish to meet with other parents to discuss and share experiences (Lindberg, Månsdotter, Enebrink, Ulfsdotter, & Jalling, 2013). They described feeling that their child was slipping out of their reach, and their old parenting strategies were insufficient, which increased their insecurity. As children gain more autonomy, it is common for their parents' self-efficacy to decrease (Glatz & Buchanan, 2015). Previous research into factors that make parent support groups more effective does not support teaching parents about child development (Kaminski, Valle, Filene, & Boyle, 2008). However, that research concerned targeted parenting programs aimed to enhance behavior and adjustment in children 0–7 years old and focused on parental capacity. It has been suggested that families in a universal setting may benefit from different program content than families in indicated, prevention, and

treatment programs (Leijten et al., 2019). In a universal program for parents of adolescents, topics may still promote parents' self-efficacy.

The parents also noted that the dramatic development of their child requires new parenting strategies, compared to infancy. To be able to discuss and learn about normal adolescent development could help them in adjusting their parenting strategies to the child's increasing maturity.

Another issue that the parents raised was the increasing experience of loneliness as a child grows older. Many parents said in the telephone interviews that they did not know where to turn for formal support in their parenting. The focus group interviews reveal that they also lack informal support. Sometimes parents have no one to talk to about parenting, not even the other parent. Social support is important for parents (McArthur & Winkworth, 2017). The finding of parental loneliness may mirror the complexity of parenting in a modern mobile society in which not all parents have daily access to their family of origin or close friends (SOU, 2008). Support groups could function as forums for meeting and sharing experiences with other parents and could help buffer feelings of loneliness.

The participants in the focus group interviews also wished for mutual support between parents to facilitate appropriate control. They felt that they could strengthen each other to be more assertive when communicating with their adolescent. Finding an appropriate level of control and continually adjusting levels of control as the child matures is an important task for parents because it has implications for the young person's mental health and adjustment (Barber et al., 2005). According to the parents, it would be helpful to talk about how to communicate positively and supportively with their adolescents, especially on sensitive issues. Teaching parents how to communicate with their children is an effective ingredient in parenting programs for younger children (Kaminski et al., 2008). Communication strategies are also one of the main elements in universal programs used to prevent adolescent substance abuse (Kuntsche & Kuntsche, 2016). Discussions about appropriate levels of control and positive and supportive communications with adolescents could support parents in maintaining an authoritative parenting style, shown to be associated with positive development (DeVore & Ginsburg, 2005), and resisting a less optimal parenting style (Kerr et al., 2012). Parents with high parental self-efficacy, who are close to their adolescent and have good communications receive most information through their children's voluntarily disclosure (Kapetanovic et al., 2018), which facilitates the parents' abilities to give advice and support their adolescent without being intrusive. Positive communication also facilitates balanced levels of cohesion and flexibility in marital and family systems,

which is conducive of healthy family functioning (Olson, 2000). When families function on balanced levels of cohesion and flexibility, parents are more likely to have an authoritative parenting style (Matejevic et al., 2014).

Developing better parenting skills together, as mentioned by some parents, is in line with research on effective ingredients in parent support groups (Small et al., 2009). Relationships formed in a parent support groups tend to sustain program effects over time as participants reinforce behavior strategies for each other. They also help to develop participants' social support networks (Small et al., 2009).

Parents who perceived their adolescent as having overall difficulties due to psychiatric symptoms also reported more interest than others in universal support, and parents with anxiety symptoms and/or perceived their own parental capacity to be relatively low were more interested in more intense forms of support such as leader-led groups and individual counseling than others. The association between parents' mental health and their children's is well-established (Ramchandani & Psychogiou, 2009). Parents' own mental health is associated with their capacity to provide parenting that buffers the child against adversities and promotes beneficial development (Oldehinkel, Veenstra, Ormel, De Winter, & Verhulst, 2006; Pinquart, 2017). Parents' mental health affects the way they interact with their adolescents, which in turn affects the adolescent (Yap et al., 2010).

From a transactional perspective (Sameroff, 2014), supporting parents in developing parenting and communication skills together and facilitating appropriate levels of control may equip them to meet the challenges of parenting a developing adolescent. This may contribute to more positive transactions and facilitate a more positive developmental trajectory for the adolescent.

The results from the telephone interviews showed that, apart from a local webpage, the most attractive form of support among parents of adolescents was individual counseling, with 66% of parents reporting interest. These parents were more worried than others about their own and their adolescent's mental health and about communications with the adolescent. These worries may be related to the other suggestion that it would be helpful to talk about how to communicate positively and supportively with their adolescent, especially regarding sensitive issues. Family-based counseling (families meeting with their own counselor or therapist, referred to as "individual counseling" in the Swedish national strategy) has shown effects in meta-analyses of both effectiveness and efficacy trials in families with adolescents at risk for substance abuse and delinquency (Austin et al., 2005; Baldwin et al., 2012; Sexton & Alexander, 2002; Smith & Cook-Cottone, 2011). The interventions were variations of manualized programs based on family therapy and delivered by trained professionals. Universal family counseling would provide opportunities for parents

to process their worries and perhaps transform them into constructive actions. This could contribute to improving conditions for adolescents before they develop more specific psychiatric symptoms. It has been argued that marital and family functioning is reflected in parenting style, and that influencing the patterns of family functioning is a fruitful way to address parental functioning (Matejevic et al., 2014).

Parents of adolescents who were interested in leader-led groups more often expressed anxious mood, perceived their parental capacity as lower, and more often perceived their adolescent as having symptoms of hyperactivity. This is in line with findings that when offered on a universal level, parent training programs reach out to parents with a real need of support in their parenting (Alfredsson & Broberg, 2016). During the work on the present studies, the evidence base for offering parent training programs universally has been strengthened (Lindsay & Totsika, 2017; Sandler, Ingram, Wolchik, Tein, & Winslow, 2015). Universal support programs with different theoretical foundations have shown both short- and long-term effects (Högström, Olofsson, Özdemir, Enebrink, & Stattin, 2017; Reedtz & Klest, 2016; Stattin et al., 2015) and have been shown to decrease child behavior problems and parents' stress and depressive symptoms and to increase parents' sense of competence, parental self-efficacy, and positive parenting (Reedtz & Klest, 2016; Stattin et al., 2015. Universal programs for parents of adolescents have shown both short- and long-term positive effects such as improved communication, increased positive parenting, reduced dysfunctional disciplining behavior, decreased parental mental health problems, and decreased adolescent psychiatric symptoms (Alfredsson, Thorvaldsson, Axberg, & Broberg, 2018; Leijten, Raaijmakers, De Castro, & Matthys, 2013). Offering universal parent training could have positive effects on the mental health of both children and their parents.

Many parents wanted a parent phone line, and there was a clear wish for accessibility on evenings and weekends when problems might arise. This is in line with earlier findings that accessibility and speed are appreciated features of parent phone lines (Henricson & Roker, 2000). A parent phone line was the one form of support that attracted mothers and fathers of adolescents equally. The parents who reported interest in a telephone support line expressed more emotional reactivity than others, and they more often agreed with the statement "I get angry and have an emotional outburst." The participants in the focus group interviews mentioned that they wanted emotional support through reflecting upon and sharing experiences to avoid getting caught up in their emotions. Emotional outbursts have been shown to harm communications between parents and adolescents, and they can discourage the adolescent from confiding in parents in the future and increase lying and secrecy (Tilton-Weaver et al.,

2010). Despite the high demand, only 3% of parents knew that their municipality actually offered a parent phone line. A parent phone line could be used both to provide immediate advice, perhaps averting harmful situations, and to recommend other forms of support (Henricson & Roker, 2000). A parent phone may also be used to reach out to fathers in need of parent support. Reaching out to fathers is important, since they are generally less involved in parental support than mothers, but it could still influence their health and development (Panter-Brick et al., 2014; Sarkadi et al., 2008). Telephone contact could be used in combination with other forms of support, for example, contact via a parent phone line could lead to meetings in real life. Counseling or participation in support groups could also be followed up in telephone conversations. The positive effects of a support program were also shown to be maintained and further generalized in a group of parents who received cell phone messages and calls after the the program ended (Lefever et al., 2017).

Macro- and exo-systems

On the micro-system level, there is a significant interest among both parents of younger children and parents of adolescents to benefit from parental support, and the effects of universal support interventions are promising. On the macro-system level, there is an intention to offer all parents support according to their perceived needs. However, the intention does not seem to connect with the needs and requests. Many parents are not aware of the support available in their municipality.

When we began this project, it was commonly believed, as discussed in earlier sections of this thesis, that any overall beneficial effect of universal preventive strategies are difficult to demonstrate because of the small effects (Reedtz et al., 2011). Since then, a consensus seems to have been reached that the best social solution is a combination of all three types of intervention (SOU, 2013). However, it remains that for interventions offered universally to have a demonstrable effect, sufficient numbers of parents need to participate (Rose, 2001). For this to be possible, relevant information about such support must reach the intended recipients.

The reported high interest in a municipal website with information about parenting and child health indicates that this can be a powerful tool in reaching out to parents. For many people, the Internet is their first source of information of all types. Very frequent use of the Internet as a source of parenting information was associated with high interest in municipal parental support. The Internet has the potential to be an effective channel to reach out to parents who

seek information about parenting and child health and who are interested in having parenting support. Despite the high demand for a parent support webpage, only 7% of participating parents knew that their municipalities actually offered this form of support. To utilize the Internet as a channel for information and support, municipalities would need to develop webpages that are attractive to the public and of good quality, since they would compete with existing commercial pages aimed to parents. Guiding parents to reliable information about parenting and child and adolescent health would be a support in itself, since information on the Internet can be misleading (Daneback & Plantin, 2008).

A municipal webpage was found to generate the same levels of interest in fathers as in mothers. Therefore, a webpage can be used to increase fathers' involvement. One strategy may be to ensure that information about universal parent support programs in a way that fathers feel as welcomed and considered as mothers. Another strategy is to offer parental training through online courses, since it has been found that fathers tend to participate with their partners in online courses much more (69%) than in group settings (8%) (Enebrink et al., 2012). Since our first study was performed, the Internet and technological variations of parenting interventions have been developed in an attempt to address barriers to participation (such as time limits, transportation problems, child care) and to reach out to more participants (Corralejo & Domenech Rodríguez, 2018; Ghaderi, Kadesjö, Björnsdotter, & Enebrink, 2018). Technological parenting interventions have been found to improve parent-reported child and adolescent psychological health, child behavior, and parenting variables such as parenting knowledge, behavior and skills, and self-efficacy (Ghaderi et al., 2018; Nieuwboer, Fukkink, & Hermanns, 2013). Internet interventions cannot replace real-life interventions or stand alone as the only interventions offered since they tend to have much larger drop-out rates and smaller effects–if any–than interventions that happen in person. However, it has been suggested that Internet-based interventions could be a first-step intervention and serve as a useful source of information to parents seeking information (Hutchings, Owen, & Williams, 2018).

When we asked participants in our focus group interviews what practical issues would enable them to participate, they suggested intervals between meetings as long as weeks or months, arguing that this would ensure continuity, time to reflect, and time to collect new material for the next meeting. Longer intervals would also make it more feasible for them to attend. This is in line with research that has found that the frequency of and intervals between meetings should be in proportion to the severity of problems the program is intended to target (Small et al., 2009). The support groups discussed are universally offered and not directed to families with severe problems. Universal

programs with similar intervals and frequencies to those suggested by the parents in this thesis show promising effects (Kuntsche & Kuntsche, 2016), which supports the potential utility of less intense programs for general issues related to adolescent development. The first meeting, according to the parents, should take place early during the child's adolescence and subsequent meetings should be coordinated with school terms. The parents request for meetings to start during early adolescence and continue for an extended period seem to be in line with other research showing that effective programs reach families when they are receptive to change, for example during transitions such as a child's entrance into middle school (Small et al., 2009). Practical issues such as scheduling, location, or hosting organization can hinder or facilitate participation in targeted parent support groups (Koerting et al., 2013; Reyno & McGrath, 2006) and thus may also be relevant for universal support groups.

The requirement for a professional group leader may be connected to the sensitivity of the topics the parents would like to discuss. This would require a group leader who can quickly create a safe climate, validate feelings, and balance the participants' opportunities to speak freely while also protecting them from compromising their own or their child's integrity. The group leader may also need to support the group in maintaining a positive and constructive climate and guide parents with additional needs to more intense forms of support. The professional(s) who run a program is one of the most important factors in determining whether or not it is successful. Program effectiveness is related to the staff's experience, confidence, training, and commitment (Small et al., 2009). For a program to be successful, participants need to feel that they can trust and relate to staff members (Small et al., 2009).

Although the aim of our focus group interviews was to explore the kind of support parents want from a leader-led support group, the described intervention was more similar to seminars in its focus on maintaining good relations rather than on changing their parenting or their children's behavior through the long between-meeting intervals desired by the parents in this study. Participants also expressed that in a support group they could calibrate their worries, and they expressed the belief that discussing rules and communication strategies might help them to become more positive, supportive, and patient parents. The support group described by the participants in the focus group interviews would fall into a category somewhere between leader-led support groups and seminars. The format would qualify as a *promotive* rather than a *preventive* intervention in its aim and practical outline (Muñoz et al., 1996). The major focus of promotion is to achieve optimal states of wellness (Muñoz et al., 1996). It has been argued that early intervention should aim to activate parents' inherent competencies and to focus not on traditional parenting practices such

as nurturing, childrearing, or socializing children, but rather on the psychosocial competence of parents themselves (Sihvonen, 2018). If schools were to offer support groups for parents, they could contribute to forming networks among parents and improve not only the relations among these parents, but also relations between the parents and the school professionals. From a bioecological perspective (Bronfenbrenner, 2005), this may result in improved functioning of the micro-system surrounding each adolescent, which in turn may have positive effects on the adolescent. An intervention with this aim would need to be evaluated on variables measuring aspects of wellness rather than factors such as changed parental behaviors and reduced symptom.

We found that lighter forms of support such as lectures and seminars generated more interest in parents with higher social status, who are usually more highly educated, than in other parents. This is in line with findings that people with higher education are generally more comfortable and place greater emphasis on discussion as a tool for regulating their adolescent's behavior (Downing-Matibag, 2009), and lectures and seminars may provide them with suitable knowledge and strategies for these discussions. Offering support only through lectures, seminars, online interventions, and written materials, however, may increase inequality between different social status groups, as has been found in other public health studies on topics such as media campaigns against smoking (Niederdeppe, Kuang, Crock, & Skelton, 2008) and media campaigns and written information about the benefits of folic acid (Stockley & Lund, 2008). Differences between groups of higher and lower social status have also been demonstrated in the effects of parent training. Although the short-term effects of structured parent training are equally distributed among families of different social status, the long-term effects seem to vary with social status, with disadvantaged families benefiting less (Leijten et al., 2013). It might be important to provide more sustained support to families of lower social status.

Methodological considerations

The first limitation of this thesis is the limited measures used in the first two studies. The interview guide was developed in cooperation with other researchers and tailored to the involved municipalities' interests in knowledge, and it was not published or researched for validity.

When the qualitative question in Study II was posed, it had been preceded by other questions measuring parents' interest in and awareness of different forms of support. The interviewer's terms for naming and categorizing parent supports were later reflected in the ways some of the parents named and talked

about parent support. Thus, although the qualitative data were inductively analyzed, subcategories emerged that were also named in terms first mentioned by the interviewer.

The questionnaire in Study III was also brief. Information lacking in the first two studies had been added (individual child behavior and emotional problems, children's sex, parents SES), but items were derived from longer questionnaires, as was information about child behavior and emotional problems. However, the questionnaires were shortened versions of established measures. The advantage of this approach was that it encouraged many parents from municipalities with a broad range of SES to participate in the study. However, it may have limited the study's validity, reliability, and comparability with earlier literature that used the full measures. It also rendered existing cut-off scores inapplicable.

The representativeness of our samples may have been limited by our inability to reach some parents, the self-selection of participating parents, and the chance that parents who were new immigrants may have been less inclined to participate or to complete participation because the interview and questionnaires were in Swedish.

Our hopes of gathering data from two collection methods in Study III may have led to our losing many potential participants. The final sample was better educated than the original sample, and thus was not truly representative. It is possible that differences in social status would have been found in preferences for forms of support other than lectures and seminars had the sample been more representative of the Swedish population. The much larger proportion of mothers than fathers may have skewed the results.

The proportion of mothers was bigger than the proportion of fathers. The registry used for contact information in the first three studies routinely lists the mother as the contact person of the child, so the lists of contact information contained mostly mothers. The mothers did not always live with the father, and in these cases the phone number of the father had to be obtained through the mother (or vice versa, in some cases). Also, mothers answered the phone and were at home more frequently than fathers, and therefore were interviewed more frequently. However, when fathers did answer the phone, they agreed to participate in the interview as often as mothers did. Only one of the 12 participants in the focus group interviews was a father. It is possible that fathers would raise the same issues as mothers did, but it is also possible that they would bring up other things. Fathers are not as involved in their children's lives as mothers (Updegraff, McHale, Crouter, & Kupanoff, 2001), and we found in the previous studies that while they have less interest than mothers in most forms of support, they have important influence on their children (Lundahl et al., 2008), and so they must be included in developing new forms of support.

The main limitation of Study IV was the participation rates. Of the six schools that agreed to participate, groups were set up at only two. However, this confirms the parents' claim that a personal invitation is important. Most participants came because another participant had invited them.

Some strengths of the present thesis are also worth mentioning. The first three studies were conducted in large random samples with high response rates. This means that although the proportion of fathers is smaller than that of mothers, the number of fathers is still substantial. This makes it possible to generalize the results to a larger population. The qualitative parts of the thesis provide some more insight into what parents of adolescents think important to consider when developing parent support, what needs universal support groups could fulfill, and how universal support groups for parents of adolescents could be tailored and promoted.

Conclusions

Reaching out with universal parental support will require agents on the macro and exo levels of the ecological system to successfully connect with parents on the micro-system level. There is also a challenge in reaching out to parents of both sexes and all social statuses. Parents of adolescents are as interested support as parents of younger children, and they have some additional requests. The challenge is to reach out with information accessible and attractive to all parents, and to develop supports targeted to parents of adolescents and tailored to their needs.

The Internet is an important but challenging way to reach out to parents regardless of gender. Municipalities should develop attractive and informative webpages for parents with information about parenting and child and adolescent health, combined with information about available support. The content should address mothers and fathers equally, and some information and support forms may address fathers specifically.

Parents of adolescents are particularly interested in individual counseling over the phone or in person, in information related to issues related to this developmental period, and in opportunities to meet and discuss with other parents.

Future universal parental support should be tailored to include parents who feel anxious and worry about their adolescent's mental health and the efficacy of their own parenting. The results also suggest that lighter forms of support may be more attractive to parents with higher social status, which means that offering only lectures and seminars might increase inequality between parents

of different social situations, while offering individual counseling and leader-led parent training groups may reach all parents more equally. Therefore, combinations of various forms of support should be offered simultaneously.

Support groups with a promotive aim may be offered by schools, perhaps integrated or coordinated with parent meetings that are already part of their routine. Meetings may be organized continuously throughout the child's adolescence and focus on the challenges of normal development and mutual support among parents to help them develop parenting strategies together, and maintain good relationships with their adolescents. According to the parents, support groups should be moderated by trained professionals.

Implications for community practice

- Reaching out to parents with universal support will require new strategies to ensure that parents receive the necessary information.
- The demand for parental support does not decrease as the child grows older.
- The Internet is a challenging but an important information channel for reaching out to parents, especially fathers.
- Various information channels should be utilized to reach out to all parents regardless of their gender and social status.
- Various forms of support should be offered that reach out to all parents regardless of their gender and social status.
- Forms of support should be developed that are targeted to parents of adolescents, tailored to their needs, and well-advertised.
- Schools are important arenas for offering universal parental supports such as support groups moderated by trained professionals.
- Lighter types of support should not stand alone, but must be accompanied by more resource-demanding forms to prevent increasing inequalities between parents with different social situations.

References

Adalbjarnardottir, S., & Hafsteinsson, L. (2001). Adolescents' perceived parenting styles and their substance use: Concurrent and longitudinal analyses. Journal of Research on Adolescence, 11(4), 401-423.

Adams, R., & Laursen, B. (2001). the organization and dynamics of adolescent conflict with parents and friends. Journal of Marriage and Family, 63(1), 97-110. doi:10.2307/3599961

Ainsworth, J. W. (2002). Why does it take a village? The med iation of neighborhood effects on educational achievement. Social Forces, 81(1), 117-152.

Albrecht, A., Galambos, N., & Jansson, S. (2007). Adolescents' internalizing and aggressive behaviors and perceptions of parents' psychological control: A panel study examining direction of effects. Journal of Youth and Adolescence, 36(5), 673-684. doi:10.1007/s10964-007-9191-5

Alfredsson, E. K., & Broberg, A. G. (2016). Universal parent support groups for parents of adolescents: Which parents participate and why? *Scandinavian Journal of Psychology, 57*(2), 177-184. doi:10.1111/sjop.12278

Alfredsson, E. K., Thorvaldsson, V., Axberg, U., & Broberg, A. G. (2018). Parenting programs during adolescence: Outcomes from universal and targeted interventions offered in real-world settings. *Scandinavian Journal of Psychology, 59*(4), 378-391. doi:10.1111/sjop.12446

Allen, J. P., Porter, M., McFarland, C., McElhaney, K. B., & Marsh, P. (2007). The relation of attachment security to adolescents' paternal and peer relationships, depression, and externalizing behavior. *Child Development, 78*(4), 1222-1239. doi:10.1111/j.1467-8624.2007.01062.x

Amit, G. S., Peter, D. R. H., & Akbar, K. W. (2014). A primer on effectiveness and efficacy trials. *Clinical and Translational Gastroenterology, 5*(1), e45. doi:10.1038/ctg.2013.13

Austin, A. M., Macgowan, M. J., & Wagner, E. F. (2005). Effective family-based interventions for adolescents with substance use problems: A

systematic review. *Research on Social Work Practice, 15*(2), 67-83. doi:10.1177/1049731504271606

Axberg, U., & Broberg, A. G. (2012). Evaluation of "the incredible years" in Sweden: The transferability of an American parent-training program to Sweden. *Scandinavian Journal of Psychology, 53*(3), 224-232. doi:10.1002/14651858.CD002020.pub2.

Baker, C. N., Arnold, D. H., & Meagher, S. (2011). Enrollment and attendance in a parent training prevention program for conduct problems. *Prevention Science, 12*(2), 126-138. doi:10.1007/s11121-010-0187-0

Baldwin, S. A., Christian, S., Berkeljon, A., & Shadish, W. R. (2012). The effects of family therapies for adolescent delinquency and substance abuse: A meta-analysis. *Journal of Marital and Family Therapy, 38*(1), 281-304. doi:10.1111/j.1752-0606.2011.00248.x

Baltes, P. B. (1987). Theoretical propositions of life-span developmental psychology: On the dynamics between growth and decline. *Developmental Psychology, 23*(5), 611-626. doi:10.1037/0012-1649.23.5.611

Barber, B., Stolz, H., & Olsen, J. (2005). Parental support, psychological control, and behavioral control: Assessing relevance across time, culture, and method. *Monographs of the Society for Research in Child Development, 70*(4), 1. doi:10.1111/j.1540-5834.2005.00365.x

Barber, B., Xia, M., Olsen, J., McNeely, C., & Bose, K. (2012). Feeling disrespected by parents: Refining the measurement and understanding of psychological control. *Journal of Adolescence, 35*(2), 273-287. doi:10.1016/j.adolescence.2011.10.010

Barber, B. K., Stolz, H. E., Olsen, J. A., Collins, A., & Burchinal, M. (2005). Parental support, psychological control, and behavioral control: Assessing relevance across time, culture, and method: Abstract. *Monographs of the Society for Research in Child Development, 70*(4), vii, 125-137.

Bates, J., Schermerhorn, A., & Petersen, I. (2014). Temperament concepts in developmental psychopathology. In M. Lewis & K. D. Rudolph (Eds.), *Handbook of Developmental Psychopathology*. New York: Springer Science+Business Media.

Bauman, K. E., Ennett, S. T., Foshee, V. A., Pemberton, M., & Hicks, K. (2001). Correlates of participation in a family-directed tobacco and alcohol prevention program for adolescents. *Health Education & Behavior, 28*(4), 440-461. doi:10.1177/109019810102800406

Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *The Journal of Early Adolescence, 11*(1), 56-95. doi:10.1177/0272431691111004

Baumrind, D. (1996). The discipline controversy revisited. *Family Relations, 45*, 405-414. doi:10.2307/585170

Baumrind, D. (2005). Patterns of parental authority and adolescent autonomy. *New Directions for Child and Adolescent Development, 2005*(108), 61-69. doi:10.1002/cd.128

Baumrind, D., Larzelere, R. E., & Owens, E. B. (2010). Effects of preschool parents' power assertive patterns and practices on adolescent development. *Parenting, 10*(3), 157-201. doi:10.1080/15295190903290790

Berne, S., Frisén, A., & Kling, J. (2014). Appearance-related cyberbullying: A qualitative investigation of characteristics, content, reasons, and effects. *Body Image, 11*(4), 527-533. doi:10.1016/j.bodyim.2014.08.006

Bertalanffy, L. V. (1968). *General system theory: Foundations, development, applications*. New York: Braziller.

Bonfadelli, H. (2002). The Internet and knowledge gaps: A theoretical and empirical investigation. *European Journal of Communication, 17*(1), 65-84.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp063oa

Bray, J. H., Adams, G. J., Getz, J. G., & Baer, P. E. (2001). Developmental, family, and ethnic influences on adolescent alcohol usage: a growth curve approach. *Journal of Family Psychology, 15*(2), 301-314. doi:10.1037/0893-3200.15.2.301

Bremberg, S. (2008). *Kartläggning av föräldrars erfarenhet och intresse av föräldrastöd.* (Mapping parents' experience and interest in parental support). Stockholm: National Institute of Public Health.

Bremberg, S., & Statens, F. (2004). *Nya verktyg för föräldrar: förslag till nya former av föräldrastöd* [New tools for parents: proposals for new forms of parental support], Vol. 2004:49. Stockholm: Statens folkhälsoinstitut.

Broberg, A. (2006). *Anknytningsteori : betydelsen av nära känslomässiga relationer* [Extension theory: The importance of close emotional relationships]. Stockholm: Natur och kultur.

Broberg, A., Almqvist, K., Risholm Mothander, P., & Tjus, T. (2015). *Klinisk barnpsykologi; Utveckling på avvägar* [Clinical child psychology: Development at a distance]. (Vol. 2). Stockholm: Natur & Kultur.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (2005). *Making human beings human: Bioecological perspectives on human development*. Thousand Oaks, CA: Sage Publications.

Brown, B. B., & Bakken, J. P. (2011). Parenting and peer relationships: Reinvigorating research on family-peer linkages in adolescence. *Journal of Research on Adolescence, 21*(1), 153-165. doi:10.1111/j.1532-7795.2010.00720.x

Buehler, C., Benson, M. J., & Gerard, J. M. (2006). Interparental hostility and early adolescent problem behavior: The mediating role of specific aspects of parenting. *Journal of Research on Adolescence, 16*(2), 265-292. doi:10.1111/j.1532-7795.2006.00132.x

Burke, J., Pardini, D., & Loeber, R. (2008). reciprocal relationships between parenting behavior and disruptive psychopathology from childhood through adolescence. *Journal of Abnormal Child Psychology, 36*(5), 679-692. doi:10.1007/s10802-008-9219-7

Campbell, S. B. (2002). *Behavior problems in preschool children: Clinical and developmental issues* (2nd ed). New York: Guilford Press,.

Chu, J., Bullen, P., Farruggia, S., Dittman, C., & Sanders, M. (2015). Parent and adolescent effects of a universal group program for the parenting of adolescents. *Prevention Science, 16*(4), 609-620. doi:10.1007/s11121-014-0516-9

Chu, J., Farruggia, S., Sanders, M., & Ralph, A. (2012). Towards a public health approach to parenting programmes for parents of adolescents. *Journal of Public Health, 34*(suppl1), i41-i47. doi:10.1093/pubmed/fdr123

Coley, R. L., Medeiros, B. L., & Schindler, H. S. (2008). Using sibling differences to estimate effects of parenting on adolescent sexual risk behaviors. *Journal of Adolescent Health, 43*(2), 133-140. doi:10.1016/j.jadohealth.2007.12.012

Collins, W. A., Maccoby, E. E., Steinberg, L., Hetherington, E. M., & Bornstein, M. H. (2000). Contemporary research on parenting: The case for nature and nurture. *American Psychologist, 55*(2), 218-232. doi:http://dx.doi.org/10.1037/0003-066X.55.2.218

Collins, W. A., & Steinberg, L. (2006). Adolescent development in interpersonal context. In R. Damon, R. Lerner, & N. Eisenberg (Eds.), *Handbook of child psychology* (Vol. 3, pp. 1003-1067). New York: Wiley.

Connell, S., Sanders, M. R., & Markie-Dadds, C. (1997). Self-directed behavioral family intervention for parents of oppositional children in rural and remote areas. *Behavior Modification, 21*(4), 379-408. doi:10.1177/01454455970214001

Corralejo, S., & Domenech Rodríguez, M. (2018). Technology in parenting programs: A systematic review of existing interventions. *Journal of Child and Family Studies, 27*(9), 2717-2731. doi:10.1007/s10826-018-1117-1

Coughlin, M., Doyle, C., Sharry, J., Guerin, S., & Beattie, D. (2018). The Parents Plus Children's Programme—a qualitative study exploring parents' experiences of participation and cognitive factors mediating outcome. *Child Care in Practice, 24*(4), 369-389. doi:10.1080/13575279.2017.1342601

Country and Administrative Board of Örebro län. (2015). The Country and Administrative Boards support and coordinate parental support work. Retrieved from: *http://www.lansstyrelsen.se/Orebro/Sv/publikationer/2015/Pages/lansstyrelserna-stodjer-och-samordnar-foraldrastodsarbetet.aspx*.

Crosby Budinger, M., Drazdowski, T. K., & Ginsburg, G. S. (2013). Anxiety-promoting parenting behaviors: A comparison of anxious parents with and without social anxiety disorder.(Report). *Child Psychiatry and Human Development, 44*(3), 412. doi:10.1007/s10578-012-0335-9

Crowder, K., & South, S. J. (2003). Neighborhood distress and school dropout: The variable significance of community context. *Social Science Research, 32*(4), 659-698. doi:http://dx.doi.org/10.1016/S0049-089X(03)00035-8

Cumsille, P., Darling, N., Flaherty, B., & Martinez, M. (2009). Heterogeneity and change in the patterning of adolescents' perceptions of the legitimacy of parental authority: A latent transition model. *Child Development, 80*(2), 418-432. doi:10.1111/j.1467-8624.2009.01269.x

Daneback, K., & Plantin, L. (2008). Research on parenthood and the internet: Themes and trends. *Cyberpsychology, 2*(2). Retrieved from https://cyberpsychology.eu/article/view/4213/3255

Danoff, N. L., Kemper, K. J., & Sherry, B. (1994). Risk factors for dropping out of a parenting education program. *Child Abuse & Neglect, 18*(7), 599-606. doi:10.1016/0145-2134(94)90086-8

Darling, N., Cumsille, P., & Loreto Martínez, M. (2007). Adolescents as active agents in the socialization process: Legitimacy of parental authority and obligation to obey as predictors of obedience. *Journal of Adolescence, 30*(2), 297-311. doi:10.1016/j.adolescence.2006.03.003

DeLay, D., Laursen, B., Kiuru, N., Salmela-Aro, K., & Nurmi, J. (2013). Selecting and retaining friends on the basis of cigarette smoking

similarity. *Journal of Research on Adolescence, 23*(3), 464-473. doi:10.1111/jora.12017

Denissen, J. J. A., Van Aken, M. A. G., & Dubas, J. S. (2009). It takes two to tango: How parents' and adolescents' personalities link to the quality of their mutual relationship. *Developmental Psychology, 45*(4), 928-941. doi:10.1037/a0016230

DeVore, E. R., & Ginsburg, K. R. (2005). The protective effects of good parenting on adolescents. *Current Opinion in Pediatrics, 17*(4), 460-465.

Dishion, T. J., Nelson, S. E., & Bullock, B. M. (2004). Premature adolescent autonomy: parent disengagement and deviant peer process in the amplification of problem behaviour. *Journal of Adolescence, 27*(5), 515-530. doi:http://dx.doi.org/10.1016/j.adolescence.2004.06.005

Dmitrieva, J., Chen, C., Greenberger, E., & Gil-Rivas, V. (2004). Family relationships and adolescent psychosocial outcomes: Converging findings from eastern and western cultures. *Journal of Research on Adolescence, 14*(4), 425-447. doi:10.1111/j.1532-7795.2004.00081.x

Downing-Matibag, T. (2009). Parents' perceptions of their adolescent children, parental resources, and parents' satisfaction with the parent-child relationship. *Sociological Spectrum, 29*(4), 467-488. doi:10.1080/02732170902904632

Dretzke, J., Davenport, C., Frew, E., Barlow, J., Stewart-Brown, S., Bayliss, S.,... Hyde, C. (2009). The clinical effectiveness of different parenting programmes for children with conduct problems: a systematic review of randomised controlled trials. *Child and Adolescent Psychiatry and Mental Health, 3*(1), 7. doi:10.1186/1753-2000-3-7

Dubas, J. S., & Gerris, J. R. M. (2002). Longitudinal changes in the time parents spend in activities with their adolescent children as a function of child age, pubertal status and gender. *Journal of Family Psychology, 16*(4), 415-427. doi:http://dx.doi.org/10.1037/0893-3200.16.4.415

Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The adverse childhood experiences study. *Pediatrics, 111*(3), 564. doi:10.1542/peds.111.3.564

Dumas, J., Nissley-Tsiopinis, J., & Moreland, A. (2007). From intent to enrollment, attendance, and participation in preventive parenting groups. *Journal of Child and Family Studies, 16*(1), 1-26. doi:10.1007/s10826-006-9042-0

Dupéré, V., Leventhal, T., & Lacourse, É. (2009). Neighborhood poverty and suicidal thoughts and attempts in late adolescence. *Psychological Medicine, 39*(08), 1295-1306. doi:doi:10.1017/S003329170800456X

Enebrink, P., Högström, J., Forster, M., & Ghaderi, A. (2012). Internet-based parent management training: A randomized controlled study. *Behaviour Research and Therapy, 50*(4), 240-249. doi:http://dx.doi.org/10.1016/j.brat.2012.01.006

Epkins, C. C., & Harper, S. L. (2016). Mothers' and fathers' parental warmth, hostility/rejection/neglect, and behavioral control: Specific and unique relations with parents' depression versus anxiety symptoms. *Parenting, 16*(2), 125-145. doi:10.1080/15295192.2016.1134991

Ernst, E., & Pittler, M. H. (2006). Efficacy or effectiveness? *Journal of Internal Medicine, 260*(5), 488-490. doi:10.1111/j.1365-2796.2006.01707.x

Eyberg, S. M., Nelson, M. M., & Boggs, S. R. (2008). Evidence-based psychosocial treatments for children and adolescents with disruptive behavior. *Journal of Clinical Child & Adolescent Psychology, 37*(1), 215-237. doi:10.1080/15374410701820117

Farrington, D. P. (2005). Childhood origins of antisocial behavior. *Clinical Psychology & Psychotherapy, 12*(3), 177-190. doi:10.1002/cpp.448

Fauth, R., Leventhal, T., & Brooks-Gunn, J. (2007). Welcome to the neighborhood? Long-term impacts of moving to low-poverty neighborhoods on poor children's and adolescents' outcomes. *Journal of Research on Adolescence, 17*(2), 249-284. doi:10.1111/j.1532-7795.2007.00522.x

Fearon, R. P., Bakermans-Kranenburg, M. J., Van Ijzendoorn, M. H., Lapsley, A. M., & Roisman, G. I. (2010). The significance of insecure attachment and disorganization in the development of children's externalizing behavior: A meta-analytic study. *Child Development, 81*(2), 435-456. doi:10.1111/j.1467-8624.2009.01405.x

Folkhälsomyndigheten. (2014). (Public Health Agency of Sweden*). Föräldrar spelar roll: Vägledning i lokalt och regionalt föräldrastödsarbete* [Parents matter: Guidance in local and regional parenting support work]. *Stockholm: Edita AB*.

Foster, E. M., Prinz, R. J., Sanders, M. R., & Shapiro, C. J. (2008). The costs of a public health infrastructure for delivering parenting and family support. *Children and Youth Services Review, 30*(5), 493-501. doi:http://dx.doi.org/10.1016/j.childyouth.2007.11.002

Fulkerson, J. A., Pasch, K. E., Stigler, M. H., Farbakhsh, K., Perry, C. L., & Komro, K. A. (2010). Longitudinal associations between family dinner and adolescent perceptions of parent–child communication

among racially diverse urban youth. *Journal of Family Psychology, 24*(3), 261-270. doi:http://dx.doi.org/10.1037/a0019311

Furlong, M., McGilloway, S., Bywater, T., Hutchings, J., Smith, S. M., & Donnelly, M. (2012). Behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years. *Cochrane Database of Systematic Reviews*: CD008225.

Garvey, C., Julion, W., Fogg, L., Kratovil, A., & Gross, D. (2006). Measuring participation in a prevention trial with parents of young children. *Research in Nursing & Health, 29*(3), 212-222. doi:10.1002/nur.20127

Ghaderi, A., Kadesjö, C., Björnsdotter, A., & Enebrink, P. (2018). Randomized effectiveness trial of the family check-up versus internet-delivered parent training (iComet) for families of children with conduct problems. *Scientific Reports, 2018, Vol. 8, 8*.

Giannotta, F., Ortega, E., & Stattin, H. (2013). An attachment parenting intervention to prevent adolescents' problem behaviors: A pilot study in Italy. *Child & Youth Care Forum, 42*(1), 71-85. doi:10.1007/s10566-012-9189-3

Gini, G., & Pozzoli, T. (2009). Association between bullying and psychosomatic problems: A Meta-analysis. *Pediatrics, 123*(3), 1059-1065. doi:10.1542/peds.2008-1215

Ginsburg, G. S., Grover, R. L., & Ialongo, N. (2005). Parenting behaviors among anxious and non-anxious mothers: Relation with concurrent and long-term child outcomes. *Child & Family Behavior Therapy, 26*(4), 23-41. doi:10.1300/J019v26n04_02

Glatz, T., & Buchanan, C. M. (2015). Change and predictors of change in parental self-efficacy from early to middle adolescence. *Developmental Psychology*. doi:10.1037/dev0000035

Government Offices of Sweden (2009). Nationell strategi för ett utvecklat föräldrastöd. En vinst för alla. (Parental support - everybody gains. National strategy for societal support and help to parents in their parenthood). Stockholm: Government of Sweden.

Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today, 24*(2), 105-112. doi:http://dx.doi.org/10.1016/j.nedt.2003.10.001

Grip, K. (2012). *The damage done children exposed to intimate partner violence and their mothers: Towards empirically based interventions in order to reduce negative health effects in children.* Diss. Göteborg: Göteborgs universitet.

Groh, A. M., Fearon, R. P., Bakermans-Kranenburg, M. J., Van Ijzendoorn, M. H., Steele, R. D., & Roisman, G. I. (2014). The significance of attachment security for children's social competence with peers: A meta-analytic study. *Attachment & Human Development, 16*(2), 1-34. doi:10.1080/14616734.2014.883636

Groh, A. M., Roisman, G. I., Van Ijzendoorn, M. H., Bakermans-Kranenburg, M. J., & Fearon, R. P. (2012). The significance of insecure and disorganized attachment for children's internalizing symptoms: A meta-analytic study. *Child Development, 83*(2), 591-610. doi:10.1111/j.1467-8624.2011.01711.x

Gross, D., Julion, W., & Fogg, L. (2001). What motivates participation and dropout among low-income urban families of color in a prevention intervention? *Family Relations, 50*(3), 246-254. doi:10.1111/j.1741-3729.2001.00246.x

Haggerty, K., Fleming, C., Lonczak, H., Oxford, M., Harachi, T., & Catalano, R. (2002). Predictors of participation in parenting workshops. *Journal of Primary Prevention, 22*(4), 375-387. doi:10.1023/A:1015227623145

Hair, E. C., Moore, K. A., Garrett, S. B., Ling, T., & Cleveland, K. (2008). the continued importance of quality parent–adolescent relationships during late adolescence. *Journal of Research on Adolescence, 18*(1), 187-200. doi:10.1111/j.1532-7795.2008.00556.x

Haj-Yahia, M. M., Musleh, K., & Haj-Yahia, Y. M. (2002). The incidence of adolescent maltreatment in Arab society and some of its psychological effects. *Journal of Family Issues, 23*(8), 1032-1064. doi:10.1177/019251302237302

Hamza, C., & Willoughby, T. (2011). Perceived parental monitoring, adolescent disclosure, and adolescent depressive symptoms: A longitudinal examination. *Journal of Youth and Adolescence,* 40(7), 902-915.

Harris, J. R. (1998). *The nurture assumption: Why children turn out the way they do*. New York: Free Press.

Harrison, M., McKay, M., & Bannon, W. (2004). Inner-city child mental health service use: The real question is why youth and families do not use services. *Community Mental Health Journal, 40*(2), 119-131. doi:10.1023/B:COMH.0000022732.80714.8b

Heinrichs, N., Bertram, H., Kuschel, A., & Hahlweg, K. (2005). Parent recruitment and retention in a universal prevention program for child behavior and emotional problems: Barriers to research and program participation. *Prevention Science, 6*(4), 275-286. doi:10.1007/s11121-005-0006-1

Henricson, C., & Roker, D. (2000). Support for the parents of adolescents: A review. *Journal of Adolescence, 23*(6), 763-783. doi:10.1006/jado.2000.0358

Hinkle, D. E., Wiersma, W., & Jurs, S. G. (2003). *Applied statistics for the behavioral sciences*. Boston, MA: Houghton Mifflin.

Hollingshead, A. B. (2011). Four-factor index of social status. *Yale Journal of Sociology, 8*, 21-51.

Huh, D., Tristan, J., Wade, E., & Stice, E. (2006). Does problem behavior elicit poor parenting?: A prospective study of adolescent girls. *Journal of Adolescent Research, 21*(2), 185-204. doi:10.1177/0743558405285462

Hutchings, J., Owen, D., & Williams, M. (2018). Web-based parenting support: Development of the COPING confident parenting programme. *Education Sciences, 8*(2), 59. doi:10.3390/educsci8020059

Högström, J., Olofsson, V., Özdemir, M., Enebrink, P., & Stattin, H. (2017). Two-year findings from a national effectiveness trial: Effectiveness of behavioral and non-behavioral parenting programs. *Journal of Abnormal Child Psychology, 45*(3), 527. doi:10.1007/s10802-016-0178-0

Johnson, K., Akister, J., McKeigue, B., & Wheater, J. (2005). What does 'supporting parents' mean?—parents' views. *Practice, 17*(1), 3-14. doi:10.1080/09503150500058009

Kapetanovic, S., Skoog, T., Bohlin, M., & Gerdner, A. (2018). Aspects of the parent-adolescent relationship and associations with adolescent risk behaviors over time. *Journal of Family Psychology, 33*(1), 1-11.

Keijsers, L., Branje, S. J. T., Vandervalk, I. E., & Meeus, W. (2010). Reciprocal effects between parental solicitation, parental control, adolescent disclosure, and adolescent delinquency. *Journal of Research on Adolescence, 20*(1), 88-113. doi:10.1111/j.1532-7795.2009.00631.x

Kerr, M., Stattin, H., & Ozdemir, M. (2012). Perceived parenting style and adolescent adjustment: revisiting directions of effects and the role of parental knowledge. *Developmental Psychology, 48*(6), 1540-1553. doi:10.1037/a0027720

Kling, Å., Forster, M., Sundell, K., & Melin, L. (2010). A randomized controlled effectiveness trial of parent management training with varying degrees of therapist support. *Behavior Therapy, 41*(4), 530-542. doi:10.1016/j.beth.2010.02.004

Koerting, J., Smith, E., Knowles, M. M., Latter, S., Elsey, H., McCann, D. C., ... Sonuga-barke, E. J. (2013). Barriers to, and facilitators of, parenting programmes for childhood behaviour problems: A

qualitative synthesis of studies of parents' and professionals' perceptions. *European Child & Adolescent Psychiatry, 22*(11), 653-670. doi:http://dx.doi.org/10.1007/s00787-013-0401-2

Koutakis, N., Stattin, H., & Kerr, M. (2008). Reducing youth alcohol drinking through a parent-targeted intervention: The Örebro Prevention Program. *Addiction, 103*(10), 1629-1637. doi:10.1111/j.1360-0443.2008.02326.x

Kumpfer, K. L., Whiteside, H. O., Greene, J. A., & Allen, K. C. (2010). Effectiveness outcomes of four age versions of the strengthening families program in statewide field sites. *Group Dynamics: Theory, Research, and Practice, 14*(3), 211-229. doi:10.1037/a0020602

Kuntsche, S., & Kuntsche, E. (2016). Parent-based interventions for preventing or reducing adolescent substance use—a systematic literature review. *Clinical Psychology Review, 45*, 89-101. doi:10.1016/j.cpr.2016.02.004

Lachman, M. E. (2004). Development in midlife. *Annual Review of Psychology, 55*, 305.

Lang, F. R., & Carstensen, L. L. (2002). Time counts: Future time perspective, goals, and social relationships. *Psychology and Aging, 17*(1), 125-139. doi:10.1037/0882-7974.17.1.125

Lefever, J. E. B., Bigelow, K. M., Carta, J. J., Borkowski, J. G., Grandfield, E., McCune, L.,... Warren, S. F. (2017). Long-term impact of a cell phone–enhanced parenting intervention. *Child Maltreatment, 22*(4), 305-314. doi:10.1177/1077559517723125

Leijten, P., Gardner, F., Melendez-Torres, G. J., van Aar, J., Hutchings, J., Schulz, S.,... Overbeek, G. (2019). Meta-analyses: key parenting program components for disruptive child behavior. *Journal of the American Academy of Child & Adolescent Psychiatry, 58*(2), 180-190. doi:10.1016/j.jaac.2018.07.900

Leijten, P., Raaijmakers, M. A. J., De Castro, B. O., & Matthys, W. (2013). Does socioeconomic status matter? A meta-analysis on parent training effectiveness for disruptive child behavior. *Journal of Clinical Child & Adolescent Psychology, 42*(3), 384-392. doi:10.1080/15374416.2013.769169

Lengua, L. J. (2006). Growth in temperament and parenting as predictors of adjustment during children's transition to adolescence. *Developmental Psychology, 42*(5), 819-832. doi:10.1037/0012-1649.42.5.819

Lindberg, L., Månsdotter, A., Enebrink, P., Ulfsdotter, M., & Jalling, C. (2013). *Slutrapport Föräldrastöd 2011-2013 Alla barn i centrum ABC* (Final report: Parental support 2011-2013. All children in focus). Upplands-Väsby.

Lindsay, G., & Totsika, V. (2017). The effectiveness of universal parenting programmes: The CANparent trial. *BMC Psychology, 5*(1). doi:10.1186/s40359-017-0204-1

Logis, H. A., Rodkin, P. C., Gest, S. D., & Ahn, H.-J. (2013). Popularity as an organizing factor of preadolescent friendship networks: Beyond prosocial and aggressive behavior. *Journal of Research on Adolescence, 23*(3), 413-423. doi:10.1111/jora.12033

Lorenc, T., Petticrew, M., Welch, V., & Tugwell, P. (2013). What types of interventions generate inequalities? Evidence from systematic reviews. *Journal of Epidemiology and Community Health, 67*(2), 190. doi:10.1136/jech-2012-201257

Lundahl, B. W., Tollefson, D., Risser, H., & Lovejoy, M. C. (2008). A meta-analysis of father involvement in parent training. *Research on Social Work Practice, 18*(2), 97-106. doi:10.1177/1049731507309828

Luthar, S., Lyman, L., & Crossman, E. (2014). Resilience and positive psychology. In M. Lewis & K. D. Rudolph (Eds.), *Handbook of developmental psychopathology* (3rd ed.). New York: Springer.

Maccoby, E. (2000). Parenting and its effects on children: On reading and misreading behavior genetics. *Annual Review of Psychology, 51*(1), 1-27. doi:doi:10.1146/annurev.psych.51.1.1

Magill-Evans, J., Harrison, M. J., Rempel, G., & Slater, L. (2006). Interventions with fathers of young children: Systematic literature review. *Journal of Advanced Nursing, 55*(2), 248-264. doi:10.1111/j.1365-2648.2006.03896.x

Mahoney, J. L., Schweder, A. E., & Stattin, H. (2002). Structured after-school activities as a moderator of depressed mood for adolescents with detached relations to their parents. *Journal Of Community Psychology, 30*(1), 69-86. doi:10.1002/jcop.1051

Martin, K. M., & Huebner, E. S. (2007). Peer victimization and prosocial experiences and emotional well-being of middle school students. *Psychology in the Schools, 44*(2), 199-208. doi:10.1002/pits.20216

Matejevic, M., Todorovic, J., & Jovanovic, A. D. (2014). Patterns of family functioning and dimensions of parenting style. *Procedia - Social and Behavioral Sciences, 141*(C), 431-437. doi:10.1016/j.sbspro.2014.05.075

McArthur, M., & Winkworth, G. (2017). What do we know about the social networks of single parents who do not use supportive services? *Child & Family Social Work, 22*(2), 638-647. doi:10.1111/cfs.12278

McKinney, C., & Renk, K. (2008). Differential parenting between mothers and fathers: Implications for late adolescents. *Journal of Family Issues, 29*(6), 806-827. doi:10.1177/0192513X07311222

McLaughlin, K. (2014). Developmental epidemiology. In M. Lewis & K. D. Rudolph (Eds.), *Handbook of developmental psychopathology*. New York: Springer.

McLoyd, V. C. (1998). Socioeconomic disadvantage and child development. *American Psychologist, 53*(2), 185-204. doi:10.1037/0003-066X.53.2.185

Miller, G. E., & Prinz, R. J. (2003). Engagement of families in treatment for childhood conduct problems. *Behavior Therapy, 34*(4), 517-534. doi:10.1016/S0005-7894(03)80033-3

Montigny, F., & Lacharité, C. (2005). Perceived parental efficacy: Concept analysis. *Journal of Advanced Nursing, 49*(4), 387-396. doi:10.1111/j.1365-2648.2004.03302.x

Moore, M. L., & Krowchuk, H. (1997). Parent Line: Nurse telephone intervention for parents and caregivers of children from birth through age 5. *Journal of the Society of Pediatric Nurses, 2*(4), 179.

Morawska, A., Dyah Ramadewi, M., & Sanders, M. R. (2014). Using epidemiological survey data to examine factors influencing participation in parent-training programmes. *Journal of Early Childhood Research, 12*(3), 264-278. doi:10.1177/1476718X14536952

Moretti, M. M., & Obsuth, I. (2009). Effectiveness of an attachment-focused manualized intervention for parents of teens at risk for aggressive behaviour: The Connect Program. *Journal of Adolescence, 32*(6), 1347-1357. doi:10.1016/j.adolescence.2009.07.013

Muñoz, R. F., Mrazek, P. J., & Haggerty, R. J. (1996). Institute of Medicine report on prevention of mental disorders: Summary and commentary. *American Psychologist, 51*(11), 1116-1122. doi:http://dx.doi.org/10.1037/0003-066X.51.11.1116

Niederdeppe, J., Kuang, X., Crock, B., & Skelton, A. (2008). Media campaigns to promote smoking cessation among socioeconomically disadvantaged populations: What do we know, what do we need to learn, and what should we do now? *Social Science & Medicine, 67*(9), 1343-1355. doi:10.1016/j.socscimed.2008.06.037

Nieuwboer, C. C., Fukkink, R. G., & Hermanns, J. M. A. (2013). Online programs as tools to improve parenting: A meta-analytic review. *Children and Youth Services Review, 35*(11), 1823-1829. doi:10.1016/j.childyouth.2013.08.008

O'Connor, T. G. (2014). Developmental behavioral genetics. In M. Lewis & K. D. Rudolph (Eds.), *Handbook of developmental psychopathology* (3rd ed.). New York: Springer.

Offord, D., Kraemer, H., Kazdin, A., Jensen, P., & Harrington, R. (1998). Lowering the burden of suffering from child psychiatric disorder:

trade-offs among clinical, targeted, and universal interventions. *Journal of the American Academy of Child and Adolescent Psychiatry, 37*, 686-694.

Ohan, J., Seward, R., Stallman, H. M., Bayliss, D., & Sanders, M. (2015). Parents' barriers to using school psychology services for their child's mental health problems. *School Mental Health, 7*(4), 287-297. doi:10.1007/s12310-015-9152-1

Oldehinkel, A. J., Veenstra, R., Ormel, J., De Winter, A. F., & Verhulst, F. C. (2006). Temperament, parenting, and depressive symptoms in a population sample of preadolescents. *Journal of Child Psychology and Psychiatry, 47*(7), 684-695. doi:10.1111/j.1469-7610.2005.01535.x

Olson, D. (2000). Circumplex model of marital and family sytems. *Journal of Family Therapy, 22*(2), 144-167. doi:10.1111/1467-6427.00144

Olson, D. (2011). FACES IV and the circumplex model: Validation study. *Journal of Marital and Family Therapy, 37*(1), 64. doi:10.1111/j.1752-0606.2009.00175.x

Olsson, I., Hagekull, B., & Bremberg, S. (2004). *Föräldrars intresse för olika former av föräldrastöd: En empirisk kartläggning av föräldrar i Sverige.* (Parents' interest in different types of parental support: An empirical survey of parents in Sweden): Stockholm: Swedish National Institute of Public Health.

Östberg, V., Alfven, G., & Hjern, A. (2006). Living conditions and psychosomatic complaints in Swedish schoolchildren. *Acta Pædiatrica, 95*(8), 929-934. doi:10.1080/08035250600636545

Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K., & Leckman, J. F. (2014). Practitioner review: Engaging fathers – recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 55*(11), 1187-1212. doi:10.1111/jcpp.12280

Parent, J., Forehand, R., Merchant, M., Edwards, M., Conners-Burrow, N., Long, N., & Jones, D. (2011). The relation of harsh and permissive discipline with child disruptive behaviors: Does child gender make a difference in an at-risk sample? *Journal of Family Violence, 26*(7), 527-533. doi:10.1007/s10896-011-9388-y

Pasley, K., & Gecas, V. (1984). Stresses and satisfactions of the parental role. *The Personnel and Guidance Journal, 62*(7), 400. doi:10.1111/j.2164-4918.1984.tb00236.x

Pettersson, C., Linden-Bostrom, M., & Eriksson, C. (2009). Reasons for non-participation in a parental program concerning underage drinking: A

mixed-method study. *BMC Public Health, 9*, 478. doi:10.1186/1471-2458-9-478

Pinquart, M. (2017). Associations of parenting dimensions and styles with externalizing problems of children and adolescents: An updated meta-analysis. *Developmental Psychology, 53*(5), 873-932. doi:10.1037/dev0000295

Plantin, L., Olukoya, A., & Ny, P. (2011). Positive health outcomes of fathers' involvment in pregnancy and childbirth paternal support: A scope study literature review. *Fathering, 9*(1), 87-102. doi:10.3149/fth.0901.87

Prinz, R. J., Smith, E. P., Dumas, J. E., Laughlin, J. E., White, D. W., & Barrón, R. (2001). Recruitment and retention of participants in prevention trials involving family-based interventions. *American Journal of Preventive Medicine, 20*(1), 31-37. doi:10.1016/S0749-3797(00)00271-3

Rahmstedt, M., Sundin, E., Landberg, J., & Raninen, J. (2014). *ANDT-bruket och dess negativa konsekvenser i den svenska befolkningen 2013: En studie med fokus på missbruk och beroende samt problem för andra än brukaren relaterat till alkohol, narkotika, dopning och tobak. STAD-rapport nr 55* [ANDT use and its negative consequences in the Swedish population in 2013: A study focusing on addiction and addiction and problems for others than the user related to alcohol, drugs, doping and tobacco. STAD report no. 55]. Retrieved from http://www.stad.org/sites/default/files/media/STAD-rapport-nr-55-ANDT-feb-20141.pdf

Ralph, A., Winston Tournbourou, J., Grigg, M., Mulcahy, R., Carr-Gregg, M., & Sanders, M. R. (2003). Early intervention to help parents manage behavioural and emotional problems in early adolescents: What parents want. *Australian e-Journal for the Advancement of Mental Health, 2*(3), 156-168. doi:10.5172/jamh.2.3.156

Ramchandani, P., & Psychogiou, L. (2009). Paternal psychiatric disorders and children's psychosocial development. *The Lancet, 374*(9690), 646-653. doi:10.1016/S0140-6736(09)60238-5

Raphael, D. (2014). Challenges to promoting health in the modern welfare state: The case of the Nordic nations. *Scandinavian Journal of Public Health, 42*(1), 7-17. doi:10.1177/1403494813506522

Redmond, C., Spoth, R., & Trudeau, L. (2002). Family- and community-level predictors of parent support seeking. *Journal of Community Psychology, 30*(2), 153-171. doi:10.1002/jcop.10002

Reedtz, C., Handegård, B. H., & Mörch, W. (2011). Promoting positive parenting practices in primary pare: Outcomes and mechanisms of change in a randomized controlled risk reduction trial. *Scandinavian*

Journal of Psychology, 52(2), 131-137. doi:10.1111/j.1467-9450.2010.00854.x

Reedtz, C., & Klest, S. (2016). Improved parenting maintained four years following a brief parent training intervention in a non-clinical sample. *BMC Psychology, 4*(1), 43. doi:10.1186/s40359-016-0150-3

Reichenberg, K., & Broberg, A. G. (2005). Children with asthma. Few adjustment problems are related to high perceived parental capacity and family cohesion. *Nordic Journal of Psychiatry, 2005, Vol.59(1), p.13-18, 59*(1), 13-18. doi:10.1080/08039480510018878

Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., ... Udry, J. R. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *JAMA, 278*(10), 823-832. doi:10.1001/jama.1997.03550100049038

Reyno, S. M., & McGrath, P. J. (2006). Predictors of parent training efficacy for child externalizing behavior problems – a meta-analytic review. *Journal of Child Psychology and Psychiatry, 47*(1), 99-111. doi:10.1111/j.1469-7610.2005.01544.x

Rose, G. (2001). Sick individuals and sick populations. *International Journal of Epidemiology, 30*(3), 427-432. doi:10.1093/ije/30.3.427

Rudolph, K. D. (2014). Puberty as a developmental context of risk for psychopathology. In M. Lewis & K. D. Rudolph (Eds.), *Handbook of developmental psychopathology* (3 ed.). New York: Springer.

Sameroff, A. J. (2009). *The transactional model of development: How children and contexts shape each other*. Washington, DC: American Psychological Association.

Sameroff, A. J. (2010). A unified theory of development: A dialectic integration of nature and nurture. *Child Development, 81*(1), 6-22. doi:10.1111/j.1467-8624.2009.01378.x

Sameroff, A. J. (2014). A dialectic integration of development for the study of psychopathology. In *Handbook of developmental psychopathology* (3rd ed., pp. 25-43). New York: Springer.

Sameroff, A. J., & Mackenzie, M. J. (2003). Research strategies for capturing transactional models of development: The limits of the possible. *Development and Psychopathology, 15*(03), 613-640.

Sameroff, A. J., & Rosenblum, K. L. (2006). Psychosocial constraints on the development of resilience. *Annals of the New York Academy of Sciences, 1094*(1), 116-124. doi:10.1196/annals.1376.010

Sandler, I., Ingram, A., Wolchik, S., Tein, J. Y., & Winslow, E. (2015). Long-term effects of parenting-focused preventive interventions to promote resilience of children and adolescents. *Child Development Perspectives, 9*(3), 164-171. doi:10.1111/cdep.12126

Sarkadi, A., & Bremberg, S. (2005). Socially unbiased parenting support on the Internet: A cross-sectional study of users of a large Swedish parenting website. *Child: Care, Health & Development, 31*(1), 43-52. doi:10.1111/j.1365-2214.2005.00475.x

Sarkadi, A., Kristiansson, R., Oberklaid, F., & Bremberg, S. (2008). Fathers' involvement and children's developmental outcomes: a systematic review of longitudinal studies. *Acta Pædiatrica, 97*(2), 153-158. doi:10.1111/j.1651-2227.2007.00572.x

SCB (Statistics Sweden) (2014). Retrieved from SCB https://www.scb.se/en/finding-statistics/statistics-by-subject-area/household-finances/

Schulenberg, J., Patrick, M., Maslowsky, J., & Maggs, J. (2014). The epidemiology and etiology of adolescent substance use in developmental perspective. In M. Lewis & K. D. Rudolph (Eds.), *Handbook of developmental psychopathology* (3rd ed.). New York: Springer.

Seiffge-Krenke, I., Overbeek, G., & Vermulst, A. (2010). Parent–child relationship trajectories during adolescence: Longitudinal associations with romantic outcomes in emerging adulthood. *Journal of Adolescence, 33*(1), 159-171. doi:10.1016/j.adolescence.2009.04.001

Sexton, T. L., & Alexander, J. F. (2002). Family-based empirically supported interventions. *The Counseling Psychologist, 30*(2), 238-261. doi:10.1177/0011000002302003

Sihvonen, E. (2018). Early interventionist parenting support: the case study of Finland. *Families, Relationships and Societies, 7*(1), 123-139. doi:10.1332/204674316X14552878034703

Simons, L. G., & Conger, R. D. (2007). Linking mother-father differences in parenting to a typology of family parenting styles and adolescent outcomes. *Journal of Family Issues, 28*(2), 212-241. doi:10.1177/0192513X06294593

Small, S. A., Cooney, S. M., & O'Connor, C. (2009). Evidence-informed program improvement: using principles of effectiveness to enhance the quality and impact of family-based prevention programs. *Family Relations, 58*(1), 1-13. doi:10.1111/j.1741-3729.2008.00530.x

Smetana, J., & Daddis, C. (2002). Domain-specific antecedents of parental psychological control and monitoring: The role of parenting beliefs and practices. *Child Development, 73*(2), 563-580. doi:10.1111/1467-8624.00424

Smith, A., & Cook-Cottone, C. (2011). A review of family therapy as an effective intervention for Anorexia Nervosa in adolescents. *Journal*

of Clinical Psychology in Medical Settings, 18(4), 323-334. doi:10.1007/s10880-011-9262-3

Spoth, R., Redmond, C., Kahn, J. H., & Shin, C. (1997). A prospective validation study of inclination, belief, and context predictors of family-focused prevention involvement. *Family Process, 36*(4), 403-429. doi:10.1111/j.1545-5300.1997.00403.x

Spoth, R., Redmond, C., & Shin, C. (2000). Modeling factors influencing enrollment in family-focused preventive intervention research. *Prevention Science, 1*(4), 213-225. doi:10.1023/A:1026551229118

Spoth, R., Redmond, C., & Shin, C. (2001). Randomized trial of brief family interventions for general populations: Adolescent substance use outcomes 4 years following baseline. *Journal of Consulting and Clinical Psychology, 69*(4), 627-642. doi:10.1037/0022-006X.69.4.627

Sroufe, L. A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment & Human Development, 7*(4), 349-367. doi:10.1080/14616730500365928

Statistics Sweden. (2012). Special analysis, Department of Economic Statistics. *Stockholm: Statistiska Centralbyrån*.

Stattin, H., Enebrink, P., Özdemir, M., & Giannotta, F. (2015). A national evaluation of parenting programs in Sweden: The short-term effects using an RCT effectiveness design. *Journal of Consulting and Clinical Psychology, 83*(6), 1069-1084. doi:10.1037/a0039328

Steinberg, L. (2001). We know some things: Parent–adolescent relationships in retrospect and prospect. *Journal of Research on Adolescence, 11*(1), 1-19. doi:10.1111/1532-7795.00001

Steinberg, L. (2014). *Adolescence* (Vol. 9). New York: McGraw-Hill.

Steinberg, L., & Morris, A. S. (2001). Adolescent development. *Annual Review of Psychology, 52*(1), 83-110. doi:doi:10.1146/annurev.psych.52.1.83

Steinberg, L., & Steinberg, W. (1994). *Crossing paths: How your child´s adolescence triggers your own crisis*. New York: Simon and Schuster.

Stewart-Brown, S. L., & Schrader-McMillan, A. (2011). Parenting for mental health: What does the evidence say we need to do? Report of Workpackage 2 of the DataPrev project. *Health Promotion International, 26*(suppl 1), i10-i28. doi:10.1093/heapro/dar056

Stockley, L., & Lund, V. (2008). Use of folic acid supplements, particularly by low-income and young women: A series of systematic reviews to inform public health policy in the UK. *Public Health Nutrition, 11*(8), 807-821. doi:10.1017/S1368980008002346

Suldo, S., & Huebner, E. (2004). The role of life satisfaction in the relationship between authoritative parenting dimensions and adolescent problem behavior. *Social Indicators Research, 66*(1), 165-195. doi:10.1023/B:SOCI.0000007498.62080.1e

Swedish Government Official Report (SOU). (2008). *Parental support - everybody gains. National strategy for societal support and help to parents in their parenthood.* (SOU 2008:131). Retrieved from https://www.regeringen.se/rattsliga-dokument/statens-offentliga-utredningar/2009/01/sou-2008131/

Thorell, L. B. (2009). The Community Parent Education Program (COPE): Treatment effects in a clinical and a community-based sample. *Clinical Child Psychology and Psychiatry, 14*(3), 373-387. doi:10.1177/1359104509104047

Thornton, S., & Calam, R. (2011). Predicting intention to attend and actual attendance at a universal parent-training programme: A comparison of social cognition models. *Clinical Child Psychology and Psychiatry, 16*(3), 365. doi:10.1177/1359104510366278

Tilton-Weaver, L., Kerr, M., Pakalniskeine, V., Tokic, A., Salihovic, S., Stattin, H., ... Örebro, u. (2010). Open up or close down: How do parental reactions affect youth information management? *Journal of Adolescence, 33*(2), 333-346. doi:10.1016/j.adolescence.2009.07.011

Ulfsdotter, M., Enebrink, P., & Lindberg, L. (2014). Effectiveness of a universal health-promoting parenting program: A randomized waitlist controlled trial of All Children in Focus. *BMC Public Health, 14*(1), <xocs:firstpage xmlns:xocs=""/>. doi:10.1186/1471-2458-14-1083

Updegraff, K. A., McHale, S. M., Crouter, A. C., & Kupanoff, K. (2001). Parents' involvement in adolescents' peer relationships: A comparison of mothers' and fathers' roles. *Journal of Marriage and Family, 63*(3), 655-668. doi:10.1111/j.1741-3737.2001.00655.x

Wedig, M. M., & Nock, M. K. (2007). Parental expressed emotion and adolescent self-injury. *Journal of the American Academy of Child & Adolescent Psychiatry, 46*(9), 1171-1178. doi:10.1097/chi.0b013e3180ca9aaf

Weich, S., Lewis, G., & Jenkins, S. P. (2001). Income inequality and the prevalence of common mental disorders in Britain. *The British Journal of Psychiatry, 178*(3), 222-227. doi:10.1192/bjp.178.3.222

Wheaton, B., & Clarke, P. (2003). Space meets time: Integrating temporal and contextual influences on mental health in early adulthood. *American Sociological Review, 68*(5), 680-706. doi:10.2307/1519758

Wickrama, K. A. S., Lorenz, F. O., Wallace, L. E., Peiris, L., Conger, R. D., & Elder, G. H. (2001). Family influence on physical health during

the middle years: The case of onset of hypertension. *Journal of Marriage and Family, 63*(2), 527-539. doi:10.1111/j.1741-3737.2001.00527.x

Wilkinson, P., Harris, C., Kelvin, R., Dubicka, B., & Goodyer, I. (2013). Associations between adolescent depression and parental mental health, before and after treatment of adolescent depression. *European Child & Adolescent Psychiatry, 22*(1), 3-11. doi:10.1007/s00787-012-0310-9

World Wide Web Index (2012). Retrieved from http://thewebindex.org/

Kaminski, J. W., Valle, L., Filene, J., & Boyle, C. (2008). A meta-analytic review of components associated with parent training program effectiveness. *Journal of Abnormal Child Psychology, 36*(4), 567-589. doi:10.1007/s10802-007-9201-9

Yap, M. B. H., Schwartz, O. S., Byrne, M. L., Simmons, J. G., & Allen, N. B. (2010). Maternal positive and negative interaction behaviors and early adolescents' depressive symptoms: Adolescent emotion regulation as a mediator. *Journal of Research on Adolescence, 20*(4), 1014-1043. doi:10.1111/j.1532-7795.2010.00665.x